


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 005 ***138.75

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DOCUMENT # L00000009879			
1. Entity Name MERRITT SQUARE OFFICE INVESTORS, L.L.C.			
Principal Place of Business % MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES ROAD, SUITE 411-E BOCA RATON, FL 33431		Mailing Address % MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES ROAD, SUITE 411-E BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 6340 Via Tierra Suite, Apt. #, etc.		3. Mailing Address 21218 St. Andrews Blvd. PMB 312 Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33433	Country USA	Zip 33433	Country USA
4. FEI Number 65-1034280		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTSEGEN, STANLEY-D 2255 GLADES RD., SUITE 411-E BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name: Gabriel Ehrenstein Street Address (P.O. Box Number is Not Acceptable): 6340 Via Tierra City: Boca Raton FL Zip Code: 33433	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> Gabriel Ehrenstein 3/25/08 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERRITT SQUARE OFFICE ADVISORS, INC. 2255 GLADES RD., SUITE 411-E BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6340 Via Tierra Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>[Signature]</u> Gabriel Ehrenstein		Date: 3/25/08	Daytime Phone #: 561-788-4457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			