2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000021176

1. Entity Name

GARDEN OFFICE PARK ASSOCIATES, L.L.C.



Principal Place of Business

SARASOTA, FL 34236

Mailing Address

100 NORTH WASHINGTON BLVD SUITE 301

100 NORTH WASHINGTON BLVD SUITE 301

SARASOTA, FL 34236

FILED May 01, 2008 08:00 AN Secretary of State



01162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 94-3415123

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ. ICARD, MERRILL, CULLIS, TIMM ET AL 2033 MAIN ST., STE. 600 SARASTOA, FL 34237

DO	NOT	WRIT	E
IN	THIS	SPAC	E

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					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE		
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000936887 05/27/08-80028-002 138.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALERMO, GEORGE L 100 N WASHINGTON BOULEVARD, SUITE 301 SARASOTA, FL 34236				
THILE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		
TITLE NAME STREET ADDRESS	•				

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 received or trustee empowered execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

MEMBER, OR AUTHORIZED REPRESENTATIVE

89413657777

Daytime Phone #