2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000027009

1. Entity Name
JOSHUA OFFICE PROPERTIES, LLC

FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

3918 VIA POINCIANA

SUITE 1

LAKE WORTH, FL 33467 US

Mailing Address

3918 VIA POINCIANA

SUITE 1

LAKE WORTH, FL 33467

US



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1006387

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604

PALM BEACH GARDENS, FL 33410

DO	NOT	WRIT	Έ
IN	THIS	SPAC	Ε

8.	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 f	amiliar with, and accept
	the obligations of registered agent.	
C:	PIONATHOE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHUA, BASKARAN 3918 VIA POINCIANA, SUITE 1 LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000936144 05/23/08~80099~017 138.75

DO NOT WRITE IN THIS SPACE

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 regarded by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #