

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90296 043 \*\*\*\*50.00

**DOCUMENT # L04000040903**

1. Entity Name  
**MAYFLOWER OFFICE INVESTORS, LLC**



Principal Place of Business  
**2255 GLADES ROAD, SUITE 411 E  
BOCA RATON, FL 33431**

Mailing Address  
**2255 GLADES ROAD, SUITE 411 E  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

03012006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1283567**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GORSELEN, STANLEY D  
2255 GLADES RD #411E  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**4/3/06**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MAYFLOWER OFFICE ADVISORS, INC.  
2255 GLADES ROAD, SUITE 411 E  
BOCA RATON, FL 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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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 required by Chapter 608, Florida Statutes.

**MAYFLOWER OFFICE INVESTORS, LLC**

SIGNATURE:

**STANLEY D. GOTTSEGEN, MANAGER**

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

Date

**4/17/06**

Daytime Phone #

**954**

**491-1120**