


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000040903 1. Entity Name MAYFLOWER OFFICE INVESTORS, LLC	
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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
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DO NOT WRITE IN THIS SPACE



05092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1283567	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

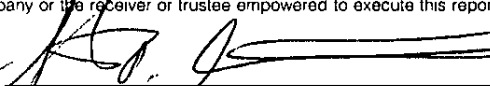
**Filing Fee is \$50.00
Due by September 14, 2007**

U000000766248
06/13/07-80003-004 50.00

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
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TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **4/4/07** **574-996-2212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #