

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089917

Entity Name: FISHHAWK OFFICE PARK, LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

27001 U.S. HWY. 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

27001 U.S. HWY. 19 NORTH
SUITE 2095
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-2048202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLLACK, LOREN M
27001 US HWY 19N, STE 2095
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

POLLACK, LOREN M
27001 US HWY 19 N
SUITE 2095
CLEARWATER, FL 33761 US

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.

SIGNATURE:

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STUART S GOLDING CO
Address: 27001 US HWY 19 N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: BEBBER, GREG V
Address: 27001 US HWY 19 N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: IVY REALTY TRUST
Address: 27001 US HWY 19 N, STE 2095
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: OTERO, CHARLIE
Address: 27001 US HWY 19N STE 2095
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOREN M. POLLACK

MGRM

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date