## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 01, 2007 08:00 AM Secretary of State DOCUMENT # L04000093312 1. Entity Name REGENT SQUARE PARTNERS, LLC Principal Place of Business Mailing Address 7249 AYRSHIRE LANE 7249 AYRSHIRE LANE BOCA RATON, FL 33496 BOCA RATON, FL. 33496 CR2E083 (11/05) 04302007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2085906 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLIEB, ARNOLD DO NOT WRITE 17591 FOXBOROUGH LANE BOCA RATON, FL 33496 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE HABER, GEORGE NAME 05/18/07-80094-004 50.00 STREET ADDRESS 7249 AYRSHIRE LANE CITY-ST-ZIP BOCA RATON, FL 33496 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY+ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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:

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

STREET ADDRESS CITY-ST-ZIP

4/29/2007

Daytime Phone 4

FILED