


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90054 048 ***138.75

DOCUMENT # L05000019239	
1. Entity Name 70TH AVENUE OFFICE ASSOCIATES, LLC	

Principal Place of Business 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325	Mailing Address PO BOX 267430 WESTON, FL 33326
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60030603



2. Principal Place of Business - No P.O. Box # <i>1391 Sawgrass Corp Pkwy</i>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02112008 Chg-LLC CR2E083 (12/06)

City & State <i>Sunrise, FL</i>	City & State
Zip <i>33323</i>	Country <i>USA</i>

4. FEI Number 54-3800260	Applied For Not Applicable
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6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1391 Sawgrass Corporate Pkwy</i> City <i>Sunrise</i> FL Zip Code <i>33323</i>	

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REGIONAL INVESTMENT PROPERTIES, INC. 1391 SAWGRASS CORP PKWY SUNRISE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <i>4-12-08</i> Daytime Phone # <i>904-587-4421</i>