


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -7 AM 9:36

<b>DOCUMENT # L05000059085</b> 1. Entity Name <b>GERRITY REALTY ADVISORS, LLC</b>					
Principal Place of Business <b>1000 UNIVERSAL STUDIOS PLAZA BLDG 22-A ORLANDO, FL 32819</b>			Mailing Address <b>1000 UNIVERSAL STUDIOS PLAZA BLDG 22-A ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State 		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GERRITY, MICHAEL J 1000 UNIVERSAL STUDIOS PLAZA BLDG 22-A ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number <b>33-1211416</b> <input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable		
SIGNATURE <u>Michael Gerrity</u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required DATE <u>4/28/08</u>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. M GERRITY, MICHAEL J 1000 UNIVERSAL STUDIOS PLAZA, BLDG 22-A ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400129448004 05/14/08--01024--001 ***877.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Michael Gerrity</u> <u>4/28/08</u> <u>(407) 234-6847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

4765