


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000075237</b> 1. Entity Name <b>OFFICESUITES I, LLC</b>	
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Principal Place of Business <b>3803 WEST SAN NICHOLAS STREET TAMPA, FL 33629</b>	Mailing Address <b>P.O. BOX 24418 TAMPA, FL 33623-4418</b>
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**DO NOT WRITE IN THIS SPACE**



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, SCOTT A  
3803 WEST SAN NICHOLAS STREET  
TAMPA, FL 33629**

**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 \_\_\_\_\_  
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**

U000000585315  
01/16/07-80007-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, SCOTT 3803 WEST SAN NICHOLAS STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGART, CREIGH 3803 WEST SAN NICHOLAS STREET TAMPA, FL 33629
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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:**  **1/3/07 813.21.230**

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