50,00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M

## FILED SECRETARY OF STATE **DOCUMENT # L05000077224** DIVISION OF CORPORATIONS 1. Entity Name REGENCY SQUARE OFFICES, LLC 06 AUG 29 AM 9: 07 Principal Place of Business Mailing Address % SOUTHEAST CENTERS % SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGIER, GERALD M Street Address (P.O. Box Number is Not Acceptable) % SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ] Change Addition TITLE MANAGING MEMBER TITLE 80007886 NAME NAME GERALO M. HIGIER 08/18/06--01006--001 \*\*1080.00 STREET ADDRESS STREET ADDRESS 1541 SUNSET DRIVE \$ 300 CITY-ST-ZIP CITY-ST-ZIP Corn GASIES 12,33143 \_\_ Change TITLE Deiete Addition Member NAME NAME MARC BOUCHER STREET ADDRESS STREET ADDRESS 1541 Sunset Prive CITY-ST-ZIP CITY-ST-ZIP (onn TITLE Member ☐ Deiete TITLE Change Addition Todd Levine NAME NAME 1541 Sunset Drive # 300 STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY+ST-73P GABLS Coarl Delete \_\_ Change Addition TITLE MIMBIR TITLE JEFF Soft 1541 Sunst Drive & 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ald Gaples for 3314 TITL E Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 5101A

MANAGER, OR AUTHORIZED REPOESENTATIVE

8/11/06