2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 29, 2007 8:00 am Secretary of State

	AIIIIOAI	ICEI OILI			_	04-16-2007	90353 045 ****.	50.00	
DOCUMENT # L05000077224 1. Entity Name REGENCY SQUARE OFFICES, LLC									
Principal Plac	e of Business		7		221111	ር5			
% SOUTHEAS		Mailing Address % SOUTHEAST CENTERS			i		300089	UU	
	T DRIVE, SUITE 300	1541 SUNSET DRIVE, SUITE 300							
CORAL GABLES, FL 33143 CORAL GABLES, FL 33143				~				,	
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252007	Chq-LLC	CR2E083 (12/06))		
City & State		City & State			4 551 Nomb		,		
				APPLIE	er20- 556 DFOR	6 898	oplied For lot Applicable		
Ζīp	Country	Zip	Coun	itry	5. Certificate	of Status Desired	S5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered Agent		
				Name					
HIGIER, GERALD M SOUTHEAST CENTERS				Street Address	Address (P.O. Box Number is Not Acceptable)				
1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143						 -			
}				City	 		FI Zip Cox	de	
The above named entity submits this statement for the purpose of changing its register			ed office or registe	ered agent, or bo	th, in the State of Fig		, and accept		
the obligations of registered agent. SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered egen	and title if applicable (NOTE	Registere	o Agent signature require	rd when remaining)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007				j		e check payable to Department of Star	te .		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITION\$/	CHANGES		
TITLE	ММ	☐ Delete	TITLE	E	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	HIGIER, GERALD M		NAM	E				_	
STREET ADDRESS	1541 SUNSET DRIVE #300		STRE	ET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY	-51 · ZIP					
TITLE	M	☐ Delete	TITL	E			Change	Addition	
NAME	BOUCHER, MARC		NAM	E				_	
STREET ADDRESS	1541 SUNSET DRUVE #300		STRE	ET ADORESS					
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY	-ST-ZIP					
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HAME	SCOTT, JEFF		NAM	Ε					
STREET ADDRESS	1541 SUNSET DRIVE #300			ET ADDRESS					
спү-5Т-2Р	CORAL GABLES, FL 33143		CITY	- 57 - 21P		-			
TITLE	lw.	7	TITL	£			☐ Change	Addition	
NAME	LEVINE, TODD		NAM	- 1					
STREET ADORESS	1541 SUNSET DRIVE #300			ET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33143	·-···	CITY	-ST-ZIP					
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TITLE NAME STREET ADDRESS		☐ Delete	TITLI NAM STRE	E E ET ADORESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES, FL 33143		TITLI NAM STRE	E E				Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CORAL GABLES, FL 33143		TITLE NAME STREE CITY TITLE NAME	E E EET ADORESS - ST-ZIP E E					
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IITLE MAME STREET ADDRESS CITY- ST-ZIP IITLE MAME STREET ADDRESS CITY- ST-ZIP 11. I hereby indicated	CORAL GABLES, FL 33143	Delete This filling does not qualify for that my signature shall have	TITLE NAME STREE CITY TITLE NAME STREE CITY The exe	E E ET ADDRESS - ST-ZIP E E - ST-ZIP -	made under oatr	i; that I am a manag	Change	Addition	
ITITLE MAME STREET ADDRESS CITY- ST-ZIP ITITLE NAME STREET ADDRESS CITY- ST-ZIP 11. I hereby indicated	certify that the information supplied with on this report is true and accurate and ability company of the receiver or trusts	Delete This filling does not qualify for that my signature shall have	TITLE NAME STREE CITY TITLE NAME STREE CITY The exe	E E ET ADDRESS - ST-ZIP E E - ST-ZIP -	made under oatr	i; that I am a manag Statutes.	Change	Addition Drimation er of the	