

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

138.75

DOCUMENT # L05000077224	
1. Entity Name REGENCY SQUARE OFFICES, LLC	



FILED
08 MAY -6 AM 7:05
CLERK OF STATE
TALLAHASSEE, FLORIDA



03172008 No Chg-LLC CR2E083 (12/07)

Principal Place of Business % SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143	Mailing Address % SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143
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DO NOT WRITE IN THIS SPACE	
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4. FEI Number 20-5566898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HIGIER, GERALD M % SOUTHEAST CENTERS 1541 SUNSET DRIVE, SUITE 300 CORAL GABLES, FL 33143
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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 _____ <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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM HIGIER, GERALD M 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOUCHER, MARC 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SCOTT, JEFF 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>4/15/8</p> <p>000129445340</p> <p>05/14/08--01015--003 **700.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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>Gerald M. Higier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 4/28/08 305-666-2140 <small>Daytime Phone #</small>