

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 026 \*\*\*538.75

DOCUMENT # L06000045226

1. Entity Name  
 PARK SQUARE COMMERCIAL - R4, LLC



Principal Place of Business: 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126  
 Mailing Address: 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126

60044673

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number: 76-0826576  
 Applied For: Not Applicable

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOJAEI, MASOUD  
 5835 BLUE LAGOON DRIVE, 4TH FLOOR  
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: P  
 NAME: SHOJALL, MASOUD  
 STREET ADDRESS: 5835 BLUE LAGOON DR 4TH FL  
 CITY-ST-ZIP: MIAMI, FL 33126

TITLE: VP  
 NAME: SHOJALL, MARIA  
 STREET ADDRESS: 5835 BLUE LAGOON DR 4TH FL  
 CITY-ST-ZIP: MIAMI, FL 33126

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

10. ADDITIONS/CHANGES

TITLE: P  
 NAME: Shojaee Masoud  
 STREET ADDRESS: 5835 Blue Lagoon Dr. 4th FL  
 CITY-ST-ZIP: Miami, FL 33126  
 Change  Addition

TITLE: VP  
 NAME: Shojaee Maria  
 STREET ADDRESS: 5835 Blue Lagoon Dr. 4th FL  
 CITY-ST-ZIP: Miami, FL 33126  
 Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

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 Change  Addition

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 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/8/08 786-437-8559  
 Date Daytime Phone #