


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-14-2008 90096 027 ***538.75

DOCUMENT # L06000045237
 1. Entity Name
 PARK SQUARE COMMERCIAL-R1, 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
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60044674



DO NOT WRITE IN THIS SPACE

07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-0826579	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
 SHOJAE, MASOUD
 5835 BLUE LAGOON DRIVE, 4TH FLOOR
 MIAMI, FL 33126

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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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOJAE, MASOUD 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>shojae</i> SHOJAE, MARIA 5835 BLUE LAGOON DR 4TH FL MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  DATE: 7/18/08 DAYTIME PHONE #: 786-437-8559