

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90058 001 \*\*\*269.38  
 07-15-2008 90058 002 \*\*\*269.37

**DOCUMENT # L06000045239**

1. Entity Name  
 PARK SQUARE COMMERCIAL - L1, 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

**30010423**



07082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0826581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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 FLR MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOJAE, MARIA 5835 BLUE LAGOON DR 4TH FLR 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: \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/8/08  
Date

786-437-8559  
Daytime Phone #