2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L06000073015

Entity Name: NARCISSUS OFFICE PARK, LLC

Current Principal Place of Business:

735 PRIMERA BLVD. #215
LAKE MARY, FL 32736

New Principal Place of Business:

719 RODEL COVE
1031
LAKE MARY, FL 32736

Current Mailing Address:

4583 ST. JOHN'S PARKWAY#444
SANFORD, FL 32771

New Mailing Address:

719 RODEL COVE
1031
LAKE MARY, FL 32736

FEI Number: 20-5113561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, RAMBHAI K
349 MEADOW BEAUTY TERRACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATEL, RAMBHAI K
Address: 349 MEADOW BEAUTY TERR.
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: PATEL, VISHAL
Address: 5118 OTTERS DEN TRAIL
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete
Name: PATEL, VIKASH
Address: 1690 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAMBHAI K PATEL MGRM 02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date