2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000028166

1. Entity Name
DISTRICT OFFICES, LLC



Principal Place of Business

3215 NW 114 LANE CORAL SPRINGS, FL 33065 Mailing Address

3215 NW 114 LANE

CORAL SPRINGS, FL 33065

US

FILED Apr 23, 2008 08:00 AN Secretary of State



04192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8636144

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PETTY, JOHN T 3215 NW 114 LANE CORAL SPRINGS, FL 33065

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 acce,
	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 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETTY, JOHN T 3215 NW 114 LANE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARNED, JANICE M 3215 NW 114 LANE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	

U00000917136 05/13/08-80028-005 138.75

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.

CIGNATURE:

manuel