

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049703

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** EQUITY REAL ESTATE OFFICE INVESTMENTS LLC

**Current Principal Place of Business:**

2151 LE JEUNE ROAD, SUITE 307  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2151 LE JEUNE ROAD, SUITE 307  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET, SUITE 2900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CEJAS, PABLO L  
2151 LEJEUNE ROAD  
SUITE 307  
CORAL GABLES, FL FL US

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: PABLO L. CEJAS

04/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Change (X) Addition  
Name:                      CEJAS, PABLO L  
Address:                      2151 LEJEUNE ROAD, SUITE 307  
City-St-Zip:                      CORAL GABLES, FL 33134

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: PABLO L. CEJAS

MGRM

04/21/2008

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