

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049703

FILED
Apr 09, 2009
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:

8725 NW 13 TERRACE
DORAL, FL 33172

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 565640
MIAMI, FL 33256

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CEJAS, PABLO L MGRM
8725 NW 13 TERRACE
DORAL, FL 33172 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

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CEJAS, PABLO L
Address: P.O. BOX 565640
City-St-Zip: DORAL, FL 33256

Title: MGR () Change (X) Addition
Name: AQUARIUS CAPITAL, LLC
Address: P.O. BOX 565640
City-St-Zip: DORAL, FL 33256

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

04/09/2009

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