

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095359

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: STRATEGIC OFFICE SUITES, LLC

**Current Principal Place of Business:**

4805 W. LAUREL ST., SUITE 230  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4805 W. LAUREL ST., SUITE 230  
TAMPA, FL 33607

**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:**

RILEY, STEVEN  
4805 W. LAUREL ST., SUITE 230  
TAMPA, FL 33607 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: JACKSON, BARRY  
Address: 6006 PRATT STREET  
City-St-Zip: TAMPA, FL 33467

Title: MGRM ( ) Delete  
Name: CARLSON, MARK  
Address: 17203 BROAD OAK DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete  
Name: RILEY, STEVEN P  
Address: 10615 TAVISTOCK DRIVE  
City-St-Zip: TAMPA, FL 33626

**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: STEVEN P. RILEY

MGRM

03/18/2009

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