2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005248

City-St-Zip:

Entity Name: MURRELL ROAD OFFICE COMPLEX, LLC

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 394 EAST DRIVE MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** 394 EAST DRIVE MELBOURNE, FL 32904 FEI Number: 59-3595421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUMPHRIES, J. GREGORY ESQ 300 SOUTH ÓRANGE AVENUE SUITE 100 ORLANDO, FL 328013373 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition VENTURE MANAGEMENT G, ROUP, INC. VENTURE MANAGEMENT G, ROUP, INC. Name: Name: 394 EAST DRIVE Address: 445 WEST DRIVE SUITE 104 Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32904 Title: Title: MEM () Change (X) Addition () Delete Name: Name: HAUSER, HOWARD W Address: Address: 10601 CHARLESTON DR City-St-Zip: City-St-Zip: VERO BEACH, FL 32963 Title: () Delete Title: MEM () Change (X) Addition OSTERHOUT, ALFRED B Name: Name: 570 INDIAN BAY BLVD Address: Address: City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: MEM () Change (X) Addition Name: Name: BROWN, KIMBERLY A Address: Address: 22 COUNTRY CLUB RD City-St-Zip: City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: () Change (X) Addition SMITH, MITCHELL L Name: Name: Address: Address: 6385 S. US 1

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

ROCKLEDGE, FL 32955

SIGNATURE: KIMBERLY BROWN MGRM 04/25/2006