2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005248

City-St-Zip:

ROCKLEDGE, FL 32955

Entity Name: MURRELL ROAD OFFICE COMPLEX, LLC

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 445 WEST DRIVE SUITE 104 MELBOURNE, FL 32904 **Current Mailing Address: New Mailing Address:** 445 WEST DRIVE SUITE 104 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: VENTURE MANAGEMENT GROUP 445 WEST DRIVE SUITE 104 MELBOURNE, FL 32904 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: Title: () Change () Addition (X) Delete VENTURE MANAGEMENT G, ROUP, INC. Name: Name: 445 WEST DRIVE SUITE 104 Address: Address: MELBOURNE, FL 32904 City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HAUSER, HOWARD W Name: Name: Address: 10601 CHARLESTON DR Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OSTERHOUT, ALFRED B Name: Name: Address: 3332 CAT BRIER TRAIL Address: City-St-Zip: HARMONY, FL 34773 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: BROWN, KIMBERLY A Name: Address: 22 COUNTRY CLUB RD Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SMITH, MITCHELL L Name: Name: 6385 S US 1 Address: Address:

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.

City-St-Zip:

SIGNATURE: KIMBERLY BROWN CFO 03/18/2009