2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # M03000002019 1. Entity Name 04-18-2006 90008 004 ****50.00 TIC MIAMI US POSTAL SERVICE, LLC Principal Place of Business Mailing Address 500 E. NORTH STREET, SUITE F GREENVILLE SC 29601 500 E. NORTH STREET, SUITE F GREENVILLE SC 29601 2. Principal Place of Business 3. Mailing Address 101 N. Main Street SHWE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Suite Applied For City & State City & State 4. FEI Number Greenville NO-T APPLICABLE Not Applicable Country Zio \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered injurit and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition THLE MGR 3MAC Change ☐ Delete NAME TIC PROPERTIES, LLC NAME 6 3 MAC 101 N. Main Street, Ste 1203 STREET ADDRESS 500 E. NORTH STREET, SUITE F STREET ADDRESS CITY-ST-7IP CITY-ST-7IP GREENVILLE SC 29601 Greenville SC 29601 TITLE Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIE THLE Detete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP □ Defete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-782 ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with It is fing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 11. I hereby certify that the inforhatior curate and the or truster indicated on this report is true limited liability company or the at my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED