


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # M06000006931 1. Entity Name DOWNTOWN SEMINOLE, LLC	
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Principal Place of Business C/O AEGIS PARTNERS, LLC 801 WEST BAY DRIVE, SUITE 406 LARGO, FL 33770	Mailing Address C/O AEGIS PARTNERS, LLC 801 WEST BAY DRIVE, SUITE 406 LARGO, FL 33770
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01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8030076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, LEE E ESQ. C/O SHUTTS & BOWEN LLP 100 SOUTH ASHLEY DRIVE, STE 1500 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000791283
01/23/08-80069-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AEGIS PARTNERS, LLC 801 WEST BAY DRIVE, SUITE 406 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMMERCIAL REALTY MANAGER IIA (REIT), INC. 200 WITMER ROAD HORSHAM, PA 190448015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIBBS, JAMES M 801 WEST BAY DRIVE, SUITE 406 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

727-581-1007