

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90101 002 \*\*\*138.75

<b>DOCUMENT # M07000001032</b> 1. Entity Name <b>TYLER PLAZA TIC 5, LLC</b>			
Principal Place of Business <b>C/O TIC CAPITAL, LLC</b> <b>960 BROADWAY AVE., SUITE 250</b> <b>BOISE, ID 83706</b>		Mailing Address <b>C/O TIC CAPITAL, LLC</b> <b>960 BROADWAY AVE., SUITE 250</b> <b>BOISE, ID 83706</b>	
2. Principal Place of Business - No P.O. Box # <b>250 S 5<sup>th</sup> St, 2<sup>nd</sup> Floor</b> Suite, Apt. #, etc.		3. Mailing Address <b>250 S 5<sup>th</sup> St, 2<sup>nd</sup> Floor</b> Suite, Apt. #, etc.	
City & State <b>Boise, ID</b> Zip <b>83702</b> Country		City & State <b>Boise, ID</b> Zip <b>83702</b> Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URIBE, ARMANDO 960 BROADWAY AVE., SUITE 250 BOISE, ID 83706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 S 5 <sup>th</sup> St, 2 <sup>nd</sup> Floor Boise, ID 83702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URIBE, MARTHA B 960 BROADWAY AVE., SUITE 250 BOISE, ID 83706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 S 5 <sup>th</sup> St, 2 <sup>nd</sup> Floor Boise, ID 83702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>		<b>Michael L. Thomas</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>02/25/2008</b>	Daytime Phone # <b>208-336-1000</b>