


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90043 009 ***138.75

DOCUMENT # M07000005715			
1. Entity Name TIC NASA BOULEVARD 3, LLC			
Principal Place of Business 101 N. MAIN STREET, SUITE 12303 GREENVILLE, SC 29601		Mailing Address 101 N. MAIN STREET, SUITE 12303 GREENVILLE, SC 29601	
2. Principal Place of Business - No P.O. Box # 101 North Main Street		3. Mailing Address 101 North Main Street	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc. 12th Floor	
City & State Greenville, SC		City & State Greenville, SC	
Zip 29601	Country USA	Zip 29601	Country USA
6. Name and Address of Current Registered Agent NRAT Services, Inc. 2731 Executive Park Drive Suite 4 Weston, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIC PROPERTIES, LLC 101 N. MAIN STREET, SUITE 12303 GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member KSK Investors, LLC 101 North Main Street, 12th Floor <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
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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: <u>Frederick Smoler</u>		3-9-2008 800-577-4842	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Frederick Smoler, Manager

30008224



03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required