

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90043 013 \*\*\*138.75

<b>DOCUMENT # M07000005720</b> 1. Entity Name <b>TIC NASA BOULEVARD 7, LLC</b>					
Principal Place of Business <b>101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601</b>			Mailing Address <b>101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601</b>		
2. Principal Place of Business - No P.O. Box # <b>101 North Main Street</b>		3. Mailing Address <b>101 North Main Street</b>			
Suite, Apt. #, etc. <b>12th Floor</b>		Suite, Apt. #, etc. <b>12th Floor</b>			
City & State <b>Greenville, SC</b>		City & State <b>Greenville, SC</b>			
Zip <b>29601</b>	Country <b>USA</b>	Zip <b>29601</b>	Country <b>USA</b>	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NRAI Services, Inc.</b> <b>2731 Executive Park Drive</b> <b>Suite 4</b> <b>Weston, FL 33331</b>			7. Name and Address of New Registered Agent  _____ (Acceptable) _____ _____ <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<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>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>TIC PROPERTIES, LLC</b> <b>101 N. MAIN STREET, SUITE 1203</b> <b>GREENVILLE, SC 29601</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <b>RM1, LLC</b> <b>101 North Main Street, 12th Floor</b>	
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	
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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 606, Florida Statutes.					
SIGNATURE: <u>Carol Kosterka</u>				800-577-4842	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**Carol Kosterka TRUSKE**