


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2008 90021 018 \*\*\*138.75

<b>DOCUMENT # M07000005722</b>	
1. Entity Name TIC NASA BOULEVARD 9, LLC	

Principal Place of Business 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601	Mailing Address 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601
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**60031209**



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>

03032008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	
7. Name and Address of New Registered Agent Name <b>NRAI Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 Executive Park Drive</b> Suite 4 City <b>Weston</b> FL Zip Code <b>33331</b>	


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  **Louie Tamantini, Vice President** DATE **04-28-08**

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TIC PROPERITES, LLC 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Member Stephanie Windham 101 North Main Street, 12th Floor</b> <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
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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 608, Florida Statutes.

SIGNATURE:  **Stephanie Windham** DATE **3-12-08** Daytime Phone # **800-577-4842**

**Stephanie Windham**