



FILED
Apr 28, 2008 8:00 am
Secretary of State

60030061

DOCUMENT # M07000005726				Secretary of State 04-28-2008 90043 016 ***138.75	
1. Entity Name TIC NASA BOULEVARD 12, 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			
2. Principal Place of Business - No P.O. Box # 101 North Main Street Suite, Apt. #, etc. 12th Floor		3. Mailing Address 101 North Main Street Suite, Apt. #, etc. 12th Floor		03032008 Chg-LLC CR2E083 (12/06)	
City & State Greenville, SC		City & State Greenville, SC		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip 29601		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI Services, Inc. 2731 Executive Park Drive Suite 4 Weston, FL 33331				7. Name and Address of New Registered Agent Acceptable) FL	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 1203 GREENVILLE, SC 29601 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP Member Armistead & Companies, LTD 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		
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: 		March 7, 2008 800-577-4842 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					