


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90043 021 ***138.75

DOCUMENT # M07000005733 1. Entity Name TIC NASA BOULEVARD 19, 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		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	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when renewing) 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 MGRM	NAME TIC PROPERTIES, LLC		Member Jerrold T. Cresta and Deanna Cresta		
STREET ADDRESS 101 N. MAIN STREET, SUITE 1203	CITY-ST-ZIP GREENVILLE, SC 29601		STREET ADDRESS 101 North Main Street, 12th Floor		
CITY-ST-ZIP GREENVILLE, SC 29601	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<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: <i>Jerrold T Cresta</i> <i>Deanna Cresta</i>			3-10-08 800-577-4842		
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
JERROLD T CRESTA, member		DEANNA CRESTA, member			

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