04-29-2008 90021 016 ***138.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:24

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005734

1. Entity Name
TIC NASA BOULEVARD 20, LLC

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

03032008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
101 North Main Street		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 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite 4
City: Weston FL Zip Code: 33331

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 4/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE	Member	☒ Change ☐ Addition
NAME	TIC PROPERTIES, LLC		NAME	The Rosemarie Parr Living Trust dated August 5, 1999	
STREET ADDRESS	101 N. MAIN STREET, SUITE 1203		STREET ADDRESS	101 N. Main St. 12th Floor	
CITY-ST-ZIP	GREENVILLE, SC 29601		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] March 22/08 800-577-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Rosemarie Parr