

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90043 022 ***138.75

DOCUMENT # M07000007033					
1. Entity Name TIC NASA BOULEVARD 23, 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	03032008 Chg-LLC CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI Services, Inc. 731 Executive Park Drive Suite 4 Weston, FL 33331			7. Name and Address of New Registered Agent (Not Applicable)		
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 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 <input type="checkbox"/> Delete 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Enrica Chemey Fish Revocable Trust 101 North Main Street, 12th Floor	
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	
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	
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: <i>Enrica Fish</i> <i>Alfred Fish</i> <i>3/9/08</i> 800-577-4842					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					

Trustee

Trustee