2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000007036 04-28-2008 90043 023 ***138.75 1. Entity Name TIC NASA BOULEVARD 21, LLC Principal Place of Business Mailing Address 30008211 101 N. MAIN STREET, SUITE 1203 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601 GREENVILLE, SC 29601 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 101 North Main Street 101 North Main Street Suite, Apt. #, etc. Suite, Act. #. etc. 03032008 Chg-LLC CR2E083 (12/06) 12th Floor 12th Floor City & State City & State 4. FEI Number Applied For Greenville, SC Greenville, SC **NOT APPLICABLE** Not Applicable Country Country 29601 \$5.00 Additional 5. Certificate of Status Desired 29601 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI Services, Inc. 2731. Executive Park Drive lot 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 SIGNATURE Signature, typed or priread name of registered agent and see 4 applicable. (NOTE: Registered Agent signature required when relnet FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9.1 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete Mambar **KXChange** ☐ Addition TIC PROPERTIES, LLC NAME NAME Courtney Leigh Sherman Revocable Trust dated July 13, 2000 STREET ADDRESS 101 N. MAIN STREET, SUITE 1203 STREET ADDRESS 101 North Main Street, 12th Floor GREENVILLE, SC 29601 CITY-ST-ZIP CITY-ST-ZIP IITE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe ☐ Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐! Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Chance ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZP 11. Thereby 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-end 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 flability company or the repeiver or tijustee emporyered to execute this report as required by Chapter 608, Florida Statutes. 800-577-4842 SIGNATURE:

Courtney Leigh Sherman, Trustee

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