

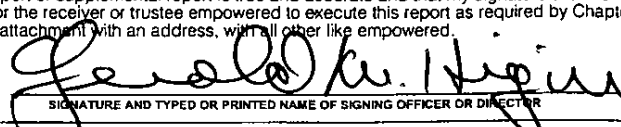


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61.25

DOCUMENT # N07000010083 1. Entity Name REGENCY SQUARE OFFICES ASSOCIATION, INC.						FILED 08 MAY -6 AM 7:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143				Mailing Address 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number				03172008 Chg-NP CR2E037 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LEVINE, TODD 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, TODD			NAME	<div style="font-size: 2em; transform: rotate(-15deg); display: inline-block;">p 5/8</div>		
STREET ADDRESS	1541 SUNSET DRIVE SUITE 300						
CITY-ST-ZIP	CORAL GABLES, FL 33143						
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, JEFF			NAME			
STREET ADDRESS	1541 SUNSET DRIVE SUITE 300						
CITY-ST-ZIP	CORAL GABLES, FL 33143						
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOUCHER, MARC			NAME			
STREET ADDRESS	7050-51 WEST PALMETTO PARK RD						
CITY-ST-ZIP	BOCA RATON, FL 33433						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	200129445326 05/14/08--01015---003 **700.00		
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 305-666-2140

Date Daytime Phone #