


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015189**  
 1. Entity Name  
 DEERWOOD COMMERCE CENTER, L.L.C.



Principal Place of Business      Mailing Address  
 1150B EAST HALLANDALE BEACH BLVD.      1150B EAST HALLANDALE BEACH BLVD.  
 HALLANDALE, FL 33309      HALLANDALE, FL 33309



01072005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1067133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 LECHTER, ROBERT  
 1150B E HALLANDALE BEACH BLVD  
 HALLANDALE, FL 33009

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LECHTER, ROBERT 1150B E HALLANDALE BEACH BLVD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOUSTON, BRETT 1150B E HALLANDALE BEACH BLVD HALLANDALE, FL 33009
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100000341903  
 04/29/05-80038-003 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.

**SIGNATURE:** Robert Lechter      **MANAGER Robert Lechter 4-25-05 964-455-3660**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #