

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011513

**FILED**  
**Mar 15, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA COMMERCIAL REALTY, LLC

**Current Principal Place of Business:**

3191CORAL WAY  
STE #107  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1172 SOUTH DIXIE HIGHWAY  
369  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-1125380      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUACES, JOAQUIN E JR  
1172 SOUTH DIXIE HIGHWAY  
369  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: PD      ( ) Delete  
Name: LUACES, JOAQUIN  
Address: 1172 SOUTH DINE HWY 3369  
City-St-Zip: MIAMI, FL 33146

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: LUACES, JOAQUIN  
Address: 1172 SOUTH DIXIE HWY #369  
City-St-Zip: MIAMI, FL 33146

Title: MGR      ( ) Change (X) Addition  
Name: BRELAND, EVERETT  
Address: 1172 SOUTH DIXIE HWY #369  
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAQUIN LUACES      MGR      03/15/2004

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date