

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031236
1. Entity Name
COMMANDER, LLC



Principal Place of Business
**630 GRAND BOULEVARD
DESTIN, FL 32550**

Mailing Address
**P.O. BOX 6700
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



02092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2088904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEARCE, R P JR.
630 GRAND BOULEVARD
DESTIN, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARCE, R.P. JR 10859 EMERALD COAST PKWY #4 DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARCE TRUST P.O. BOX 6755 DESTIN, FL 32550
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**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 608, Florida Statutes.

SIGNATURE: _____ **4-30-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #