


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000042714 1. Entity Name COMMERCE CENTER PROFESSIONAL BUILDING, LLC	
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Principal Place of Business 2488 SE WILLOUGH BLVD STUART, FL 34994	Mailing Address P.O. BOX 3 STUART, FL 34995 US
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4871533	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCINTYRE, WILLIAM C 3501 SW CORPORATE PKWY PALM CITY, FL 34990	DO NOT WRITE IN THIS SPACE
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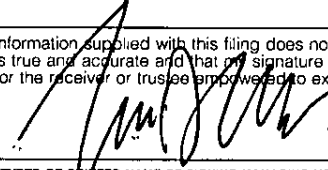
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000910770
05/07/08-80013-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERLIN, JEFFREY D 2488 SE WILLOUGHBY BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUSTON, JAMES B 1829 TIGERTAIL AVE. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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:  JEFFREY D. CHAMBERLIN 3/20/08 772-220-4096
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>