


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90174 024 ***143.75

DOCUMENT # L06000118213

1. Entity Name
COMMERCIAL INTERNATIONAL REAL ESTATE GROUP LLC



Principal Place of Business Mailing Address

**225 E. ROBINSON STREET
 SUITE 240
 ORLANDO FL 32801** **225 E. ROBINSON STREET
 SUITE 240
 ORLANDO FL 32801**



2. Principal Place of Business - No P.O. Box #
2049 BIDDLE ALLEY

3. Mailing Address
2049 BIDDLE ALLEY

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
ORLANDO, FL **ORLANDO, FL**

Zip
32814 **32814**

Country
ORANGE **ORANGE**

4. FEI Number **06-1801260** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VOLPERT, JUDITH A
 225 E. ROBINSON STREET
 SUITE 240
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
ROBERT SONNTAG MS

Street Address (P.O. Box Number is Not Acceptable)
2049 BIDDLE ALLEY

City
ORLANDO **FL** Zip Code
32814

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 *Robert Sonntag* **ROBERT SONNTAG** *Robert Sonntag* **3/6/08**

(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VOLPERT, JUDITH A 225 E. ROBINSON STREET ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERT J. SONNTAG 2049 BIDDLE ALLEY ORLANDO, FL 32814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert Sonntag* **ROBERT SONNTAG** *Mgr. Member* **3/6/08** **407-628-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #