## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000019368

6360 NW 5TH WAY, SUITE 100

FORT LAUDERDALE, FL 33309

Address:

City-St-Zip:

Entity Name: COMMERCIAL PROPERTY REALTY ADVISORS, LLC

FILED Jan 30, 2006 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6360 NW 5TH WAY, SUITE 100 FT. LAUDERDALE, FL 33309				6301 NW 5TH WAY, SUITE 2900 FT. LAUDERDALE, FL 33309	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
6360 NW 5TH WAY, SUITE 100 FT. LAUDERDALE, FL 33309			6301 NW 5TH WAY, SUITE 2900 FT. LAUDERDALE, FL 33309		
FEI Number	: 65-1151507	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
C/O GORE 3099 EAS FT. LAUDI The above	T COMMERCÍ ERDALE, FL :	DOODY & EZROL, P.A. AL BOULEVARD, SUITE 200 33308 US	ourpose of changing its register	red office or registered agent, or both	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	PORRAS, ELÌA 6360 NW 5TH	) Delete S WAY, SUITE 100 ALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCHAGRIN, Ro 6360 NW 5TH	) Delete DNALD A WAY, SUITE 100 ALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STIGLIANO, M 6360 NW 5TH	) Delete .J. REESE WAY, SUITE 100 ALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SCARPINO, M 6360 NW 5TH	) Delete CHAEL WAY, SUITE 100 RDALE, FL 33309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	MGRM ( SOLIMINE, NIC	) Delete CHOLAS JR	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: ELIAS PORRAS MGRM 01/30/2006