


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 007 ****55.00

DOCUMENT # L04000071718	
1. Entity Name 2425 EAST COMMERCIAL, LLC	

Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2364	Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2364
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2. Principal Place of Business - No P.O. Box # 4700 NW Boca Raton Blvd Suite, Apt. #, etc. Suite 101 City & State Boca Raton, FL Zip 33431 Country Palm Beach	3. Mailing Address 4700 NW Boca Raton Blvd. Suite, Apt. #, etc. Suite 101 City & State Boca Raton, FL Zip 33431 Country Palm Beach
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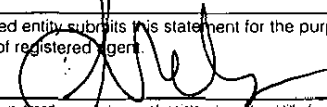
02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1732407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

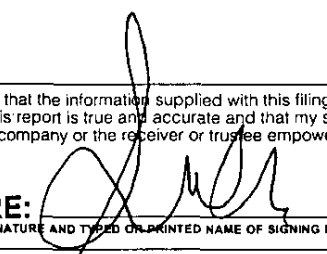
6. Name and Address of Current Registered Agent MOSKIN, SINDEY M 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433

7. Name and Address of New Registered Agent Name Mr. Sidney M. Moskin Street Address (P.O. Box Number is Not Acceptable) 4700 NW Boca Raton Blvd., Suite 101 City Boca Raton FL Zip Code 33431

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 	DATE 2-2-07
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSKIN, SIDNEY 4700 NW BOCA RATON BLVD SUITE 101 BOCA RATON, FL 334314860 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  Sidney M. Moskin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 2/2/07 Daytime Phone # 561-241-9502