


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018573	
1. Entity Name ANTARES MANAGEMENT, LLC	

Principal Place of Business COMMERCEBANK TRUST COMPANY 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US	Mailing Address COMMERCEBANK TRUST COMPANY 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CTC MANAGEMENT SERVICES, LLC
220 ALHAMBRA CIR
11TH FLOOR
CORAL GABLES, FL 33134

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134
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FILED

2007 MAR 19 AM 9:30

CLERK OF STATE
TALLAHASSEE, FLORIDA

02/26/07-90309-011-\$55.00

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: 1) Commercebank Trust Company, N.A. as Manager 2) [Signature] 1-5-2007 (305) 441-5555

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