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Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90035 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30056576

DOCUMENT # L01000019368

1. Entity Name
COMMERCIAL PROPERTY REALTY ADVISORS, LLC

Principal Place of Business	Mailing Address
2400 WEST CYPRESS CREEK ROAD, SUITE 300 FT. LAUDERDALE, FL 33309	2400 WEST CYPRESS CREEK ROAD, SUITE 300 FT. LAUDERDALE, FL 33309

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6360 N.W. 5th Way	6360 N.W. 5th Way
Suite, Apt. #, etc.: Ste. 100	Suite, Apt. #, etc.: Ste. 100
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-1151507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHEROF, JAMES A ESQ. C/O GOREN, CHEROF, DOODY & EZROL, P.A. 3099 EAST COMMERCIAL BOULEVARD, SUITE 200 FT. LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILING FEE: $50.00
Make Check Payable to: Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PORRAS, ELIAS 2400 WEST CYPRESS CREEK ROAD, SUITE 300 FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Porras, Elias 6360 N.W. 5th Way, Ste. 100 Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHAGRIN, RONALD A 2400 WEST CYPRESS CREEK ROAD, SUITE 300 FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Schagrin, Ronald A. 6360 N.W. 5th Way, Ste. 100 Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STIGLIANO, M.J. REESE 2400 WEST CYPRESS CREEK ROAD, SUITE 300 FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Stigliano, M.J. Reese 6360 N.W. 5th Way, Ste. 100 Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pawlowski, David J. 6360 N.W. 5th Way, Ste. 100 Ft. Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Scarpino, Michael 6360 N.W. 5th Way, Ste. 100 Ft. Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/14/03 954-491-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #