

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000005270**

1. Entity Name  
 PROSPECT COMMERCIAL, LLC



Principal Place of Business 943 CLINT MOORE ROAD BOCA RATON, FL 33487	Mailing Address 943 CLINT MOORE ROAD BOCA RATON, FL 33487
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01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1021678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HEISE, MARTIN P  
 943 CLINT MOORE ROAD  
 BOCA RATON, FL 33487

**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 reinstalling) DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSON, GERALD S 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISE, MARTIN P 943 CLINT MOORE ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000250281  
 03/04/05-80005-010 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Martin P Heise* 2-24-05

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