

FILED
Apr 11, 2008 8:00 am
Secretary of State

02-01-2008 90048 031 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005270

1. Entity Name
PROSPECT COMMERCIAL, LLC



Principal Place of Business
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

Mailing Address
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

30003750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1021678

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

HEISE, MARTIN P
2200 NW 2 AVENUE, SUITE 220
BOCA RATON, FL 33431

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

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

NOTE: Registered Agent signature required when removing

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
BERSON, GERALD S 2200 NW 2 Ave, Ste 220
Boca Raton, FL 33431
DIFFERENT MOORE
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MG-M : Gerald J Berson Change ☐ Addition
← See New Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
HEISE, MARTIN P 2200 NW 2 Ave, Ste 220
Boca Raton, FL 33431
DIFFERENT MOORE
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MG-M Martin P Heise Change ☐ Addition
← See New Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Martin P Heise

1/30/08

561-997-0045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #