

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90048 048 ****50.00

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DOCUMENT # L00000011140

1. Entity Name
ASTIN COMMERCIAL PROPERTIES, L.L.C.



Principal Place of Business
**107 HOLLOWAY RD
 PLANT CITY, FL 33567**

Mailing Address
**PO BOX 3837
 PLANT CITY, FL 33563**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3681414

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, J. S
 220 SOUTH FRANKLIN STREET
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** Delete
 NAME **ASTIN, SAM H JR.**
 STREET ADDRESS **3402 S. SAM ASTIN ROAD**
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **MGRM** Delete
 NAME **ASTIN, SAM H III**
 STREET ADDRESS **4408 MUDLAKE RD.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **MGRM** Delete
 NAME **ASTIN, BETTY B**
 STREET ADDRESS **3402 S. SAM ASTIN ROAD**
 CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **MGRM** Delete
 NAME **ASTIN, BUFFY**
 STREET ADDRESS **4408 MUDLAKE RD.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** Change Addition
 NAME **ASTIN, SAM H III**
 STREET ADDRESS **4408 mudlake Rd.**
 CITY-ST-ZIP **plant city, FL 33567**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Sam Astin III Sam Astin III 1/5/06 813 650-8448
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #