

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011140

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** ASTIN COMMERCIAL PROPERTIES, L.L.C.

**Current Principal Place of Business:**

107 HOLLOWAY RD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3837  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 59-3681414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARDNER, J. STEPHEN  
101 S. FRANKLIN STREET, STE 101  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ASTIN, SAM H III  
**Address:** 4408 MUDLAKE RD.  
**City-St-Zip:** PLANT CITY, FL 33567

**Title:** MGRM  
**Name:** ASTIN, BETTY B  
**Address:** 3402 S. SAM ASTIN ROAD  
**City-St-Zip:** PLANT CITY, FL 33566

**Title:** MGRM  
**Name:** ASTIN, BUFFY  
**Address:** 4408 MUDLAKE RD.  
**City-St-Zip:** PLANT CITY, FL 33567

**Title:** MGRM  
**Name:** ROBERTS, SUZANNE A  
**Address:** 3401 SAM ASTIN RD.  
**City-St-Zip:** PLANT CITY, FL 33566

**Title:** MGRM  
**Name:** CARTER, LAURA B  
**Address:** 3406 SAM ASTIN RD.  
**City-St-Zip:** PLANT CITY, FL 33566

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** SUZANNE ROBERTS

MGRM

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date