

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90086 041 ****50.00

DOCUMENT # L00000013026

1. Entity Name
COMMERCIAL PIF, L.L.C.

Principal Place of Business

101 N. JAY STREET
 PO BOX 1000
 MIDDLEBURG VA 20118

Mailing Address

101 N. JAY STREET
 PO BOX 1000
 MIDDLEBURG VA 20118

clo Dulles Greenway

2. Principal Place of Business

1177 George Bush Blvd

3. Mailing Address

45305 Catalina Ct.

Suite, Apt. #, etc.

Delray Beach

Suite, Apt. #, etc.

Suite 102

City & State

Florida

City & State

Sterling

Zip

33447

Country

USA

Zip

20166

Country

USA

6. Name and Address of Current Registered Agent

ARONSON, CAROLE
102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CRANE, CHERYL	
STREET ADDRESS	101 N. JAY STREET	
CITY-ST-ZIP	MIDDLEBURG VA 20118	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CRANE, MICHAEL R	
STREET ADDRESS	101 N. JAY STREET	
CITY-ST-ZIP	MIDDLEBURG VA 20118	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Rick Froehlich	
STREET ADDRESS	45305 Catalina Ct. # 102	
CITY-ST-ZIP	Sterling, VA - 20166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rick B. Froehlich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-19-02 (703) 668-0020
 Date Daytime Phone #

CR2E083 (9/01)