

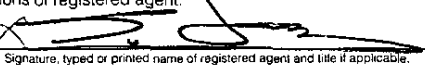



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90217 012 ***150.00

DOCUMENT # L01000006903 1. Entity Name 595 COMMERCE INVESTMENTS, LLC					
Principal Place of Business 3121 W. HALLANDALE BEACH BLVD. SUITE 101 PEMBROKE PARK, FL 33009			Mailing Address 3121 W. HALLANDALE BEACH BLVD. SUITE 101 PEMBROKE PARK, FL 33009		
2. Principal Place of Business 3001 W HALLANDALE BCH BLVD Suite, Apt. #, etc. SUITE 300 City & State PEMBROKE PARK, FL Zip 33009		3. Mailing Address 3001 W HALLANDALE BCH BLVD Suite, Apt. #, etc. SUITE 300 City & State PEMBROKE PARK, FL Zip 33009		24038569 	
4. FEI Number 65-1102649		01262004 Chg.-LLC CR2E083 (10/03)		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LAVENDER, JOEL RESQ. 3121 W. HALLANDALE BEACH BLVD., #101 PEMBROKE PARK, FL 33009			7. Name and Address of New Registered Agent Name JAZAYRI, SAM Street Address (P.O. Box Number is Not Acceptable) 3001 W HALLANDALE BCH BLVD SUITE 300 City PEMBROKE PARK FL Zip Code 33009		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAZAYRZ, SAM 3121 W. HALLANDALE BEACH BLVD., #101 PEMBROKE PARK, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAZAYRI, SAM 3001 W HALLANDALE BCH BLVD ; STE 300 PEMBROKE PARK FL 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAMERAU, DAVID F 812 N.W. 1ST STREET FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 3/17/04 <small>Date Daytime Phone #</small>		