

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90058 038 ****50.00

DOCUMENT # L01000006903

1. Entity Name
595 COMMERCE INVESTMENTS, LLC



Principal Place of Business
3001 W HALLANDALE BCH BLVD STE 300
PEMBROKE PARK, FL 33009

Mailing Address
3001 W HALLANDALE BCH BLVD STE 300
PEMBROKE PARK, FL 33009

20051563



04272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102649

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAZAYRI, SAM

~~3001 W HALLANDALE BCH BLVD STE 300~~
~~PEMBROKE PARK, FL 33009~~

DAVID F. DAMERAU

812 NW 1ST
FT. LAUD. FL 33311

**DO NOT WRITE
IN THIS SPACE**

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

DAVID F. DAMERAU, M.M.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JAZAYRZ, 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

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

4/28/05 (954) 525-1032