## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L01000020667 4800 COMMERCE CENTER, LLC Principal Place of Business Mailing Address 921 HILLSBORO MILE 921 HILLSBORO MILE HILLSBORO BEACH, FL 33062 HILLSBORO BEACH, FL 33062 01112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1160033 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCCARTY, RICHARD D DO NOT WRITE 921 HILLSBORO MILE HILLSBORO BEACH, FL 33062 IN THIS SPACE . 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 famillar with, and accept the obligations of registered agent. SIGNATURE DATE Bignature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent skingture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGR TITLE 4600 COMMERCE CENTER, INC. MALKE STREET ADDRESS 921 HILLSBORO MILE CITY-ST-ZIP HILLSBORO BEACH, FL 33082 TITLE NAME STREET ADDRESS U000000331964 04/26/05-80037-024 50.00 CITY-ST-7IP DITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Nichmals. He Cary

254-941-3435 Deytime Phone #