2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90138 040 ****50.00

DOCUMENT # L02000006249

1. Entity Name
MARK ALEXANDER COMMERCIAL REALTY, LLC

24063861

Principal Place of Business	Mailing Address
6360-4 PRESIDENTIAL COURT FORT MYERS, FL 33919	6360-4 PRESIDENTIAL COURT FORT MYERS, FL 33919

01132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6360 PRESIDENTIAL CT	6360 PRESIDENTIAL CT
Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc. SUITE 2
City & State FT MYERS, FL	City & State FT MYERS FL
Zip 33919	Country LEE
Zip 33919	Country LEE

4. FEI Number
38-3659285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, MARK
6360-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6360 PRESIDENTIAL CT, SUITE 2

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ALEXANDER, MARK 6360-4 PRESIDENTIAL COURT FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #