


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

08-08-2003 90060 016 *****50.00

DOCUMENT # L02000012380			
1. Entity Name COMMERCIAL CAPITAL PARTNERS LLC			
Principal Place of Business C/O MARK E LOSEE 11913 BIRCH STREET PALM BEACH GARDENS FL 33410		Mailing Address C/O MARK E LOSEE 11913 BIRCH STREET PALM BEACH GARDENS FL 33410	
2. Principal Place of Business 1711 Military Trail North Suite, Apt. #, etc. # 311		3. Mailing Address Suite, Apt. #, etc. SAME	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33410	Country US	Zip	Country
4. FEI Number 01-0701332		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LOSEE, MARK E 11913 BIRCH STREET PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR MARK E. LOSEE 11913 BIRCH ST. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: MARK E LOSEE (MARK E LOSEE) **8-4-03** **521-622-9406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #