

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90040 036 \*\*\*\*55.00

<b>DOCUMENT # L02000014917</b> 1. Entity Name <b>COMMONS NORTH, LLC</b>			
Principal Place of Business <b>150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432</b>		Mailing Address <b>150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432</b>	
2. Principal Place of Business <b>PLEASE NOTE OUR NEW ADDRESS:</b>			
Suite, Apt. #, etc. <b>120 E. PALMETTO PARK ROAD</b>		Suite, Apt. #, etc. <b>120 E. PALMETTO PARK ROAD</b>	
City & State <b>SUITE 410</b>		City & State <b>BOCA RATON, FL 33432</b>	
Zip <b>(561) 394-7400</b>		Country <b>FL</b>	
4. FEI Number <b>74-3090675</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name <b>PLEASE NOTE OUR NEW ADDRESS:</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 E. PALMETTO PARK ROAD</b> <b>SUITE 410</b> City <b>BOCA RATON, FL 33432</b> <b>FL</b> Zip Code <b>(561) 394-7400</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. <b>PLEASE NOTE OUR NEW ADDRESS:</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H 150 E. PALMETTO PARK ROAD, #340 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____	

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