


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L02000018728 1. Entity Name PALM BEACH COMMERCE PARK, LLC	
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Principal Place of Business 1820 2ND AVE N LAKE WORTH, FL 33461 US	Mailing Address 1820 2ND AVE N LAKE WORTH, FL 33461 US
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2065018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, TIMOTHY J
5656 OLDSMOBILE DRIVE
LAKE WORTH, FL 33463

**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 _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, TIMOTHY J 5656 OLDSMOBILE DRIVE LAKE WORTH, FL 33463
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05/10/07-80039-001 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tim Carroll*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07 *561-585-7227*
Date Daytime Phone #