## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90457 004 \*\*\*\*50.00

Daytime Phone #

## DOCUMENT # L02000023971

1. Entity Name

## COMMERCE SERVICES FINANCIAL, LLC

SIGNATURE:

| COMMERCE SERVICES FINANCIAL, LLC                   |  |   |                               |   |                                       |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
|--|--|---|-------------------------------|---|---------------------------------------|--|---------------------------------------|---|-----------------------------|-------------------------------------|---------------------|-----------------------|--------------------------------|-------------------------------|-----------------------------|
| Principal Place of Business                        |  |   |                               | Mailing Address   |                                       |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| 4770 BISCAYNE BLVD.<br>SUITE 880<br>MIAMI FL 33137 |  |   | S                             | 4770 BISCAYNE BLVD.<br>SUITE 880<br>MIAMI FL 33137                            |                                       |  |                                       |   | L ( <b>88</b> 11 <b>3</b> 1 | <b>              </b><br>           | BIÙ B'BIH GBI       |                       | 1 <b>5</b> 11 <b>111</b> 1     | MS (24) (211)                 |                             |
| 2. Principal Place of Business                     |  |   |                               | 3. Mailing Address  |                                       |  |                                       |   |                             |                                     |                     |                       | (4. p. 14. p.<br>14. p. 14. p. |                               |                             |
| Suite, Apt. #, etc.                                |  |   |                               | Suite, Apt. #, etc.   |                                       |  |                                       | i   |                             | MOOR                                | ΙE                  | CR                    | 2E083                          | (11/03)                       |                             |
| City & State                                       |  |   |                               | City & State  |                                       |  |                                       | 4. FEI Nu                                   | mber                        | 01-0                                | 74598               | 39                    |                                | <u> </u>                      | oplied For<br>ot Applicable |
| Zip  |  | Country   |                               | Zip   | Cour                                  | ntry   |                                       | 5. Certific                                 | ate o                       | f Status I                          | Desired             |                       |                                | 55.00 Add<br>ee Require       |                             |
|  | 6. Name a  | nd Address of Curren  | t Regi                        | stered Agent  |                                       |  |                                       | 7. Name                                     | and A                       | ddress                              | of New              | Registe               | ered A                         | gent                          |                             |
| GRAIZER, ARIEL                                     |  |   |                               |   |                                       | Name   |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| 4770 BISCAYNE BLVD STE.880<br>MIAMI FL 33137       |  |   |                               |   | Street Add                            | dress (F   | P.O. Box Nu                           | mber  | is Not A                    | cceptab                             | ole)                |                       |                                |                               |                             |
|  |  |   |                               |   |                                       | City   |                                       |   |                             | <u> </u>                            | <del>_</del>        |                       | FL                             | Zip Cod                       | e                           |
|  | named entity stions of register  |   | for the                       | purpose of changing it  | s register                            | ed office or re                                    | egister                               | ed agent, o                                 | r both                      | i, in the S                         | State of F          | lorida.               | i am fa                        | imiliar with,                 | and accept                  |
| SIGNATURE  | Signature, typed or  | printed name of registered age  | nt and title                  | e if applicable. (NO  | TE. Registere                         | ed Agent signature                                 | required                              | when reinstating                            | 1)                          |                                     |                     |                       | DATE                           |                               | <del></del>                 |
| ,  | <u> </u>   |   |                               | Make Check Payal  | ble to Fl                             | FEE IS \$50<br>orida Depa<br>ay 1, 2004            |                                       | nt of State                                 |                             |                                     | <del></del>         |                       |                                | <u> </u>                      |                             |
| 9,   |  | MANAGING MEME   | BERS/I                        | MANAGERS  | 10.                                   |  | · · · · · · · · · · · · · · · · · · · |   |                             | ΑD                                  | DITIONS             | S/CHAI                | NGES                           |                               |                             |
| TITLE  | MGRM   |   | <u> </u>                      | ☐ Delete  | TITL                                  | E T  |                                       |   |                             |                                     | 2(                  | <u> </u>              |                                | ☐ Change                      | ☐ Addition                  |
| NAME   | GRAZIER, ARIEL NAM   |   |                               |   |                                       |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| STREET ADDRESS CITY-ST-ZIP                         | 9655 S DIXII<br>MIAMI FL 33  | EET ADDRESS<br>(-ST-ZIP   |                               |   |                                       |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| TITLE  |  |   |                               | ☐ Delete  | tiπ                                   | E  |                                       |   |                             |                                     |                     |                       |                                | ☐ Change                      | Addition                    |
| NAME   | į  |   |                               |   |                                       | ME IDDOCCO   |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                      | The state of the s |   |                               |   |                                       | EET ADDRESS<br>(-ST-ZIP                            |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| TITLE  |  |   |                               | ☐ Delete  | TIT                                   | E  |                                       |   |                             |                                     |                     |                       |                                | ☐ Change                      | Addition                    |
| NAME   |  |   |                               | _ 551013  | NAM                                   | 1  |                                       |   |                             |                                     |                     |                       |                                |                               | <b>.</b>                    |
| STREET ADDRESS                                     |  |   |                               |   | 1                                     | EET ADDRESS  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| CITY-ST-ZIP  | <del> </del>   |   |                               |   |                                       | 7-ST-ZIP   |                                       |   |                             |                                     |                     |                       |                                | F1.0)                         |                             |
| TITLE<br>NAME                                      |  |   |                               | ☐ Delete  | TITE<br>NAM                           |  |                                       |   |                             |                                     |                     |                       |                                | Change                        | Addition                    |
| STREET ADDRESS                                     |  |   |                               |   |                                       | EET ADDRESS  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| CITY-ST-ZIP  |  |   |                               |   | CIT                                   | r-ST-ZIP   |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| TITLE  |  | -   |                               | ☐ Delete  | TITO                                  | .E   | •                                     |   |                             |                                     |                     |                       |                                | ☐ Change                      | Addition                    |
| NAME   |  |   |                               |   | NAN<br>NAN                            |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                      |  |   |                               |   |                                       | EET ADDRESS<br>Y-ST-ZIP                            |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| TITLE  | <del> </del>   | <del></del>   |                               | Delete  | TITL                                  |  |                                       |   |                             | ·                                   |                     |                       |                                | Change                        | Addition                    |
| NAME   |  |   |                               | المانون سے  | NA                                    |  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| STREET ADDRESS                                     |  |   |                               |   |                                       | EET ADDRESS  |                                       |   |                             |                                     |                     |                       |                                |                               |                             |
| CITY-ST-ZIP  | <u> </u>   |   |                               | <del></del>   |                                       | Y-ST-ZIP   |                                       |   |                             |                                     |                     |                       |                                |                               | <del>_</del>                |
| 11. I hereby<br>indicated<br>limited lia           | certify that the<br>d on this report<br>ability company  | information supplied w<br>is true and accurate ar<br>or the receiver ordrus | ith this<br>nd that<br>tee em | filing does not qualify f<br>my signature shall hav<br>powered to execute thi | or the exe<br>e the sam<br>s report a | emption state<br>ne legal effect<br>is required by | ed in Se<br>t as if m<br>y Chapt      | iction 119.0<br>nade under<br>ter 608, Floi | 7(3)(i)<br>oath;<br>ida S   | ), Florida<br>that I an<br>tatutes. | Statutes<br>n a man | s, I furth<br>aging n | ner cert<br>nembe              | ify that the i<br>r or manage | information<br>er of the    |

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE