

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023971

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** COMMERCE SERVICES FINANCIAL, LLC

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
SUITE 880  
MIAMI, FL 33137

**New Principal Place of Business:**

335 SOUTH BISCAYNE BLVD.  
SUITE 4204  
MIAMI, FL 33131

**Current Mailing Address:**

4770 BISCAYNE BLVD.  
SUITE 880  
MIAMI, FL 33137

**New Mailing Address:**

335 SOUTH BISCAYNE BLVD.  
SUITE 4204  
MIAMI, FL 33131

**FEI Number:** 01-0745989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAIZER, ARIEL  
4770 BISCAYNE BLVD STE.880  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

GRAIZER, ARIEL  
7441 WAYNE AVE.  
SUITE 10 G  
MIAMI BEACH, FL 33141 US

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.

**SIGNATURE:**

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GRAIZER, ARIEL  
**Address:** 9655 S DIXIE HWY 3RD FLR  
**City-St-Zip:** MIAMI, FL 33156

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** GRAIZER, ARIEL  
**Address:** 2525 PONCE DE LEON 5TH FLOOR  
**City-St-Zip:** CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ARIEL GRAIZER

PD

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date