

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026644

FILED
Feb 10, 2005
Secretary of State

Entity Name: COMMONWEALTH COMMONS, LLC

Current Principal Place of Business:

12555 ORANGE DRIVE
SUITE 100
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

12555 ORANGE DRIVE
SUITE 100
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 11-3663078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, HOWARD J
12555 ORANGE DRIVE
SUITE 100
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ZIMMERMAN, HOWARD J
Address: 12555 ORANGE DR
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: MGR () Delete
Name: WEINBERG, MARSHALL A
Address: 8061 BERMUDA POINT LANE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: MGR () Delete
Name: ORLOVE, L. MICHAEL
Address: 2600 ISLAND BLVD PH #2
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD J. ZIMMERMAN

MGR

02/10/2005

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