2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90013 011 ****50.00

DOCUMENT # L02000026644

1. Entity Name
COMMONWEALTH COMMONS, LLC

Principal Place of Business	Mailing Address
12555 ORANGE DRIVE DAVIE FL 33330	12555 ORANGE DRIVE DAVIE FL 33330

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 11-3663078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, STE. 430 BOCA RATON FL 33486	Name: ZIMMERMAN, HOWARD J Street Address (P.O. Box Number is Not Acceptable): 12555 ORANGE DRIVE STE 100 City: DAVIE FL Zip Code: 33330

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] HOWARD J. ZIMMERMAN - MGR DATE: 3/26/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIMMERMAN, HOWARD J 12555 ORANGE DR DAVIE, Fl 33330 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-PARTNER MARSHALL A. WEINBERG TRUST 8061 BERMUDA POINT LANE DAVIE, Fl 33328 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR-PARTNER L. MICHAEl ORLOVE 2600 ISLAND BLVD. PH #2 AVENTURA, Fl 33160 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] HOWARD J. ZIMMERMAN - MGR SIGNATURE REQUIRED 3/26/2003 (954) 862-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #