2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000029020

COMMISSION ADVANCE, L.L.C.



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

2033 MAIN STREET, SUITE 100 SARASOTA, FL 34237

Malling Address

2033 MAIN STREET, SUITE 100 SARASOTA, FL 34237



04132006No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	 Applied For
	14-1859598	Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE 2033 MAIN STREET, SUITE 100

DO	NOT	WRITE
IN	THIS	SPACE

SARASOTA, FL 34237		IN T	IN THIS SPACE		
6. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	loging its registered office or registered agent, or both,	in the State of Florida. I am lamillar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	thread Agent signature required when reinstaling) CATE		
Fi	iling Fee is \$50.00 ue by May 1, 2006				
9. TITLE NAME STREET AOBRESS CITY-ST-2IP	MANAGING MEMBERS/MANAGERS MGR PARKER, THEODORE 2033 MAIN STREET, SUITE 100 SARASOTA, FL 34237		U00000516008 04/29/06-80232-015 50.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	o www.		V4/23/V5~8V232~V15 5V.VV		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-57-ZIP		INT	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		
TITLE NAME STRIET ADDRESS CITY-SI-719	·				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report syrtue 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 invested appropriate to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE