

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

04-19-2004 90035 044 ****50.00

DOCUMENT # L03000004840 1. Entity Name COMMERCIAL CAPITAL RESOURCES, LLC					
Principal Place of Business 10471 SW 126TH STREET MIAMI FL 33176 US			Mailing Address 10471 SW 126TH STREET MIAMI FL 33176 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 05-0553177	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GROSS, LESLIE J. 10471 SW 126TH STREET MIAMI FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP MANAGER LESLIE JAY GROSS 10471 SW 126 STREET MIAMI, FLORIDA 33176 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP MANAGER PAUL GIOVANNETTI 13345 SW 106 AVE MIAMI, FLORIDA 33176 ☐ 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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
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: <i>Leslie J. Gross</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/13/04 305-235-1323 Date Daytime Phone #	