

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006917

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: PRINCETON COMMERCIAL, L.L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., PH2  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0020405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CORNERSTONE PRINCETO, N, L.L.C.  
Address: 2121 PONCE DE LEON BLVD., PH2  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Change (X) Addition  
Name: NARANJA PRINCETON CO, MMUNITY DEVELO P MENT CO  
Address: 12789 S.W. 280TH STREET  
City-St-Zip: NARANJA, FL 33032 US

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: LEON J. WOLFE

AR

04/06/2004

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