
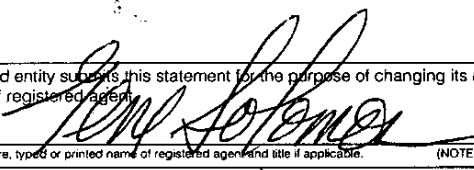
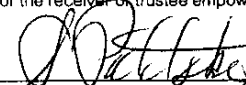


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90023 028 \*\*\*\*50.00

<b>DOCUMENT # L03000008551</b> 1. Entity Name <b>GLADIOLUS COMMERCIAL, L.L.C.</b>					
Principal Place of Business <b>12486 RIVERSIDE FORT MYERS, FL 33919</b>			Mailing Address <b>12486 RIVERSIDE FORT MYERS, FL 33919</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>51-0457846</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 340 FT. MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>GENE R. Solomon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1342 COLONIAL BLVD Sr #11</b> <b>FORT MYERS FL 33907</b> City <b>FL</b> Zip Code <b>33907</b>		
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  DATE <b>4.16.06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALETSKY, STEVEN H 12486 RIVERSIDE FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <b>4/15/06</b> Daytime Phone # <b>239-669-6677</b>	

ATTACHMENT

200320973

PALETSKY FAMILY PARTNERS  
12486 RIVERSIDE DRIVE  
FT MYERS, FL 33919

**WCMA**® Working Capital  
Management™ Account 266

DATE 4-15-06

25-80/440

PAY TO THE  
ORDER OF

State of Florida  
Fifty and no/100

\$50<sup>00</sup>/<sub>100</sub>

DOLLARS



Security  
Features  
Details on  
Back



**Merrill Lynch**

BANK ONE, COLUMBUS, OH  
Columbus, OH 43271

MEMO

⑆03000008551

Michael Paletsky MP