
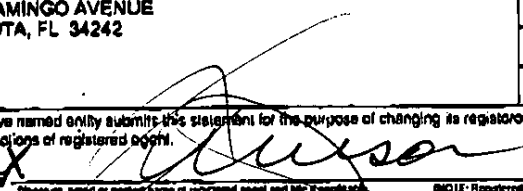



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

9/6/2007-90037-004-\$50.00-\$50.00

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000011014</b>			
1. Entity Name <b>COMMERCE COURT, L.L.C.</b>			
Principal Place of Business <b>7575 COMMERCE COURT SARASOTA, FL 34243</b>		Mailing Address <b>74 WEST PARK PLACE STAMFORD, CT 06901</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent <b>GOICHMAN, LAWRENCE 3513 FLAMINGO AVENUE SARASOTA, FL 34242</b>		7. Name and Address of New Registered Agent Name <b>Robert M. Johnson, Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>One North Tuttle Avenue</b> City <b>Sarasota</b> FL Zip Code <b>34237</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>9/29/07</b>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGDM GOICHMAN, LAWRENCE 3513 FLAMINGO AVENUE SARASOTA, FL 34242</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>74 West Park Place Stamford, CT 06901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	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 609, Florida Statutes.			
SIGNATURE: 		8/29/07 203 324-9495	
SIGNATURE AND TYPED OR PRINTED NAME OF ORIGINAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

**REINSTATEMENT**