2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L03000014560 FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMEN # L03000014560 1. Entity Name				03-22-2004 90424 008 ****50.00
FIRST COMMERCIAL INVESTMENTS, LLC				
	bas	West of the Property of the State of the Sta		
The same of the sa		Mailing Address	turn to take	0 0 0 0 H
% JOHN WANAMAKER, CCIM 102 JAMES POND COURT DEBARY-FL 32713		% JOHN WANAMAKER, CCIM 102 JAMES POND COURT DEBARY FL 32713		34002637
		April And Anglanders gar in Salary 19-10-10-10-10-10-10-10-10-10-10-10-10-10-	and the second second second second	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #. etc.		Suite, Apt. #, etc.	· .	MOORE CR2E083 (11/03)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
4.			Name	
WANAMAKER, JOHN: CCIM- 102 JAMES POND COURT			- Street Ac	ddress (P.O. Box Number is Not Acceptable)
DEBARY FL 32713			···-	
}			City	FL Zip Code
8. The above name	ned entity submits this statement i	or the purpose of changing it	s registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	orregistate agen.			
Sign	ature, typed or printed name of registered ager	n and ode 4 applicable. (NO	YE. Registered Agent signatu	ure required when reinstating) DATE
		Make Check Payal	IOW!!! FEE IS \$! ble to Florida Dep ue By May 1, 2004	pertment of State
9.	MANAGING MEME	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE /	navneth bhn Wanamaker 102 James Fond DeBary F1,327	☐ Delete	TITLE	MANAGY~ Change Addition
NAME STREET ADDRESS	LOZ JAMES FOUL	ct	NAME Street adoress	10) Tomes Poud et
CITY-ST-ZIP	DeBary F1, 327	713	CITY-ST-ZIP	MANAGEN Change Addition John WANAMISKU 102 JAMES BONG UT REBURY DI 32713
TITLE	,	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	Chance Addition
NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		± av	STREET ADDRESS CITY-ST-ZIP	
INTE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-SI-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-SI-ZIP	As these the information are all a l	ab their fill	CITY-ST-ZIP	India Control And CONTROL Control
indicated on l	ty that the information supplied wi this report is true and adcurate an y company or the receiver or trust	or this thing does not qualify to distance that my signature shall be a empowered to execute this end of the control of the co	or the exemption state the same legal effer s report as required b	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information oct as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.
SIGNATUI	per /a /	11//	>	3/19/04 775-8633
JUINALUI				