

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000020441**

1. Entity Name

**COMMERCIAL FINANCE CONSULTANTS, LLC**



Principal Place of Business

**800 WEST CYPRESS CREEK ROAD, SUITE 502  
FORT LAUDERDALE, FL 33309**

Mailing Address

**800 WEST CYPRESS CREEK ROAD, SUITE 502  
FORT LAUDERDALE, FL 33309**



02152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**86-1072895**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZUCKER, MARTIN A  
800 WEST CYPRESS CREEK ROAD, SUITE 502  
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KILDEA, ROBERT E III
STREET ADDRESS	800 WEST CYPRESS CREEK ROAD, SUITE 502
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGRM
NAME	WITT, RAYMOND S
STREET ADDRESS	800 WEST CYPRESS CREEK ROAD, SUITE 502
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/29/06-80219-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/9/06**

Date

Daytime Phone #