

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 29 PM 3:00

DOCUMENT # L03000030665

1. Entity Name
COMMERCIAL PLAZA, LLC



Principal Place of Business
1018 THOMASVILLE ROAD
SUITE 200A
TALLAHASSEE, FL 32303

Mailing Address
60 BROAD STREET
SUITE 3503
NEW YORK, NY 10004 US

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
05-0582148

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKSTEIN, SHIMON
1018 THOMASVILLE ROAD
SUITE 200A
TALLAHASSEE, FL 32303

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ECKSTEIN, SHIMON
60 BROAD ST SUITE 3503
NEW YORK, NY 10004

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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05/10/05--01001--011 **50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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

SHIMON ECKSTEIN 4/27/05 212 668 0101

Date

Daytime Phone #