2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000030665

1. Entity Name
COMMERCIAL PLAZA, LLC

Principal Place of Business	Mailing Address
1018 THOMASVILLE ROAD SUITE 200A TALLAHASSEE, FL 32303	60 BROAD STREET SUITE 3503 NEW YORK, NY 10004 US

04252006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000543108
05/10/06-80126-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ECKSTEIN, SHIMON
STREET ADDRESS	60 BROAD ST SUITE 3503
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: Shimon Eckstein 4/26/06 212 668 0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #