


**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90257 003 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000030665</b> 1. Entity Name <b>COMMERCIAL PLAZA, LLC</b>	
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Principal Place of Business <b>1018 THOMASVILLE ROAD SUITE 200A TALLAHASSEE, FL 32303</b>	Mailing Address <b>60 BROAD STREET SUITE 3503 NEW YORK, NY 10004 US</b>
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**DO NOT WRITE IN THIS SPACE**

04022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>05-0582148</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ECKSTEIN, SHIMON 60 BROAD ST SUITE 3503 NEW YORK, NY 10004</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:  **5/1/07 (212) 668-0101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #