2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037114

Entity Name
COMMERCE TECHNOLOGY LICENSING, L.L.C.

Principal Place of Business
1819 SOUTH INLET DRIVE
MARCO ISLAND, FL 34145

Mailing Address
1819 SOUTH INLET DRIVE
MARCO ISLAND, FL 34145

01072006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
55-0851224
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIN, WILLIAM J
1819 SOUTH INLET DRIVE
MARCO ISLAND, FL 34145

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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

000003398170
01/30/06-80084-005 50.00

MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOBIN, WILLIAM J
STREET ADDRESS	1819 S. INLET DR
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	MGRM
NAME	TOBIN, BRITT I
STREET ADDRESS	1819 S. INLET DR.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William J Tobin 1/7/06 234-393-4965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #