
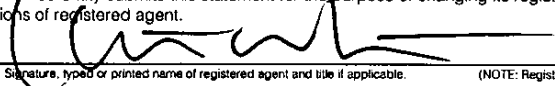
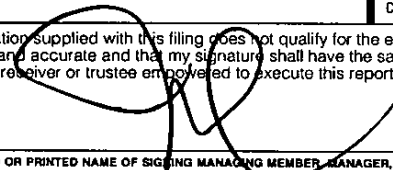


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 046 ****50.00

11000100

DOCUMENT # L03000037143 1. Entity Name COMMERCIAL PIRATES, LLC					
Principal Place of Business 2101 WEST PLATT STREET, SUITE 200 TAMPA, FL 33606			Mailing Address C/O KOEHLER & COMPANY, CPA 1611 WEST PLATT STREET TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address 2101 W. PLATT ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 200			
City & State 		City & State TAMPA FL			
Zip 	Country 	Zip 33606	Country USA	04252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-0261254				Applied For Not Applicable	
5. Certificate of Status Desired 11000100 \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606			7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div> Name Street City </div> <div> Keith W Koehler Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609 </div> <div> Zip Code </div> </div>		
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, and accepts the obligations of registered agent.					
SIGNATURE  4/25/05 DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUM, JOHN <input type="checkbox"/> Delete 2101 W. PLATT STREET #200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GULUZIAN, ARAM <input type="checkbox"/> Delete 2101 W. PLATT STREET #200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete HAMILTON, JACK 2101 W. PLATT STREET #200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete BODZIAK, JACK 2101 W. PLATT STREET #200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Delete TUCKER, KIEFER 2101 W. PLATT STREET #200 TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  4/26/05 (813) 258-5478					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					