


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90029 040 \*\*\*\*50.00

<b>DOCUMENT #</b> L03000037536 <b>1. Entity Name</b> COMMANDER EQUITIES, LLC	
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<b>2. Principal Place of Business</b> 875 Concourse Parkway Suite, Apt. #, etc. Suite 150 City & State Maitland, FL		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. City & State		<b>4. FEI Number</b> 20-0381555	<b>Applied For</b> Not Applicable
<b>Zip</b> 32751	<b>Country</b> US	<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Thomas R. Burns, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
875 Concourse Parkway S, Suite 150  
City  
Maitland FL Zip Code  
32751

**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.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR Jeffrey M. Hall 875 Concourse Parkway S, Suite 150 Maitland, FL 32751	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**DATE**

**Daytime Phone #**