

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2005 90025 044 ****50.00

DOCUMENT # L03000039466



1. Entity Name
COMMERCIAL 1730, LLC

Principal Place of Business
**1730 EAST COMMERCIAL BLVD., SUITE B
FORT LAUDERDALE, FL 33308**

Mailing Address
**1730 EAST COMMERCIAL BLVD., SUITE B
FORT LAUDERDALE, FL 33308**

2. Principal Place of Business

**2101 W. Commercial Blvd
Suite, Apt. #, etc.
Suite 2800**

3. Mailing Address

**2101 W. Commercial Blvd
Suite, Apt. #, etc.
Suite 2800**

04252005 Chg-LLC CR2E083 (10/03)

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

05-1267052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNN, MARK J ESQ.
C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Mark J. Lynn

Street Address (P.O. Box Number is Not Acceptable)

C/O Robert S. Forman, P. A.

2101 W. Commercial Blvd., Suite 2800

City

Fort Lauderdale

FL

Zip Code

33309

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.

Mark J. Lynn

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIMM, KENNETH L
2101 WEST COMMERCIAL BLVD., ~~2100~~
FORT LAUDERDALE, FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 2800

☒ Change

☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kenneth L. Shimm, Managing Member

4/25/05

Date

(954) 492-1980

Daytime Phone #