2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000039466

1. Entity Name
COMMERCIAL 1730, LLC



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

2101 W COMMERCIAL BLVD

SUITE 2800

FORT LAUDERDALE, FL 33309

Mailing Address

2101 W COMMERCIAL BLVD

SUITE 2800

FORT LAUDERDALE, FL 33309



04242006No Chg-LLC

CR2E083 (11/05)

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 2800 FORT LAUDERDALE, FL 33309

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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.	(NOTE: Registered Agent eignature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006		U00000543146 05/10/06-80126-020 50.00		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM SHIMM, KENNETH L 2101 W COMMERCIAL BLVD, STE 2800 FORT LAUDERDALE, FL 33309		en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME Street Address City-St-Zip		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN		
TITLE NAME				

11. I hereby certify that the information supplied with this flind 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

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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



Davrigge Phone #