


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90139 024 ****50.00

DOCUMENT # L03000039466	
1. Entity Name COMMERCIAL 1730, LLC	

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
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60025327



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 05-1267052	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd., Suite 2800 City Fort Lauderdale FL Zip Code 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  Robert S. Forman 3/7/07
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIMM, KENNETH L <input type="checkbox"/> Delete 2101 W COMMERCIAL BLVD, STE 2800 FORT LAUDERDALE, FL 33309	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
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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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Kenneth L. Shimm, Member

3/7/07

Date

561-391-1751

Daytime Phone #