

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040623

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** COURTHOUSE COMMONS PARTNERS, LLC

**Current Principal Place of Business:**

30 SE 7TH ST., 2ND FLOOR  
BOCA RATON, FL 33432

**New Principal Place of Business:**

30 SE 7TH ST  
BOCA RATON, FL 33432

**Current Mailing Address:**

30 SE 7TH ST., 2ND FLOOR  
BOCA RATON, FL 33432

**New Mailing Address:**

30 SE 7TH ST  
BOCA RATON, FL 33432

FEI Number: 20-0984923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEXANDER, LARRY B  
505 S. FLAGLER DR., STE. 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PBM DEVELOPMENT, INC. .  
Address: 30 SE 7TH ST.  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM ( ) Delete  
Name: WALLACE, LLC,  
Address: 33 N. FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER MCALLISTER

MGMR

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date