


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90011 043 ****50.00

DOCUMENT # L03000044999 1. Entity Name CARRIS COMMERCIAL PROPERTY, LLC	
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Principal Place of Business 2432 SE FLORESTA DRIVE PORT ST. LUCIE, FL 34984	Mailing Address 2432 SE FLORESTA DRIVE PORT ST. LUCIE, FL 34984
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DO NOT WRITE IN THIS SPACE



04012005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2430033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REIN, HARRIS E 2432 SE FLORESTA DRIVE PORT ST. LUCIE, FL 34984

**DO NOT WRITE
IN THIS SPACE**

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.

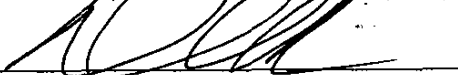
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REIN, HARRIS E 2432 SE FLORESTA DRIVE PORT ST LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Addition Domenick R. Lioce 1645 Palm Beach lakes Blvd. #1200 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-6-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #