

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044999

1. Entity Name
CARRIS COMMERCIAL PROPERTY, LLC



Principal Place of Business

**1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH, FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH, FL 33401**



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2430033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

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**

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
LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD., # 1200
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

U00000724924
05/03/07-80001-007 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #