

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044999

FILED  
May 14, 2008  
Secretary of State

Entity Name: CARRIS COMMERCIAL PROPERTY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2432 SE FLORESTA DRIVE  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

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

**New Mailing Address:**

2432 SE FLORESTA DRIVE  
PORT ST. LUCIE, FL 34984

FEI Number: 56-2430033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

REIN, HARRIS E  
2432 SE FLORESTA DRIVE  
PORT ST. LUCIE, FL 34984      US

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: REIN, HARRIS E  
Address: 2432 SE FLORESTA DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: MGRM      (X) Delete  
Name: LIOCE, DOMENICK R.  
Address: 1645 PALM BEACH LAKES BLVD., # 1200  
City-St-Zip: WEST PALM BEACH, FL 33401

**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: HARRIS REIN

MGRM

05/14/2008

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