

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000048148**

1. Entity Name  
710 COMMERCE PARK, LLC



Principal Place of Business  
777 S. FLAGLER DRIVE  
SUITE 1601, WEST TOWER  
WEST PALM BEACH, FL 33401

Mailing Address  
777 S. FLAGLER DRIVE  
SUITE 1601, WEST TOWER  
WEST PALM BEACH, FL 33401



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0432556

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FARACH, MANUEL  
777 S. FLAGLER DRIVE  
SUITE 1601, WEST TOWER  
WEST PALM BEACH, FL 33401

**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**

000000607450  
01/31/07-80037-013 150.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WASHINGTON, KEITH  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DRAGONE, JOSEPH  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DRAGONE, PAUL  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FARACH, MANUEL  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KALINDA, HANK  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DRAGONE, DANIEL  
777 S. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

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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 #

1/23/07 BSA 820-9414