

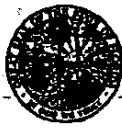
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-06-2004 90155 040 ****50.00

DOCUMENT # L03000052391

1. Entity Name
COMMERCIAL HEIGHTS, LLC



Principal Place of Business
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**2152 14TH CIRCLE NORTH
ST. PETERSBURG, FL 33713**

34003404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-LLC - CR2E083 (10/03)

City & State

City & State

4. FEI Number
57-1193827

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HINES, J. BRADFORD
100 FIRST AVENUE SOUTH STE.500
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 the filer (NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM AGUIRRE, FRED C TUCKER** ☐ Delete
STREET ADDRESS **5115 OLD ELLIS POINTE**
CITY- ST- ZIP **ROSWELL, GA 30076**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME **MGRM SERTICH, LARRY** ☐ Delete
STREET ADDRESS **5115 OLD ELLIS POINTE**
CITY- ST- ZIP **ROSWELL, GA 30076**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME **MGRM SCHERER, CLARK H III** ☐ Delete
STREET ADDRESS **2152 14TH CIRCLE NORTH**
CITY- ST- ZIP **ST. PETERSBURG, FL 33713**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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:

Fred C. Tucker

7/19/04

828
748-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Day and Phone #