


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000656 1. Entity Name 109 COMMERCIAL STREET, L.L.C.	
---	---

Principal Place of Business 6900 SOUTH SYLVAN LAKE DRIVE SANFORD, FL 32771	Mailing Address 6900 SOUTH SYLVAN LAKE DRIVE SANFORD, FL 32771
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLAND, FL 32803	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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAUGHAN, RICHARD 6900 SOUTH SYLVAN LAKE DR. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000232027
02/16/05-80053-020 50.00

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: *Richard Vaughan* **1/13/05** **407-330-0296 EXT 251**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #