

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008800

FILED
Feb 26, 2007
Secretary of State

Entity Name: COMMERCIAL PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

1650 NE 26TH STREET
SUITE 101
WILTON MANORS, FL 33305 US

New Principal Place of Business:

6550 N. FEDERAL HIGHWAY
SUITE 510
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

1650 NE 26TH STREET
SUITE 101
WILTON MANORS, FL 33305 US

New Mailing Address:

6550 N. FEDERAL HIGHWAY
SUITE 510
FEDERAL HIGHWAY, FL 33308 US

FEI Number: 20-2536713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRR, JAMES O JR.
1650 NE 26TH STREET
SUITE 101
WILTON MANORS, FL 33305 US

Name and Address of New Registered Agent:

BIRR, JAMES O JR.
6550 N. FEDERAL HIGHWAY
SUITE 510
FORT LAUDERDALE, FL 33308 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: JAMES O. BIRR, JR.

02/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIRR, JAMES O JR.
Address: 1650 NE 26TH STREET, SUITE 101
City-St-Zip: WILTON MANORS, FL 33305 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIRR, JAMES O JR.
Address: 6550 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES O. BIRR, JR.

MGRM

02/26/2007

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