2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90159 025 ****50.00

DOCUMENT # L04000012890

1. Entity Name
COMMERCIAL ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
203 NORTH GADSDEN STREET, SUITE 1 TALLAHASSEE, FL 32301	P.O. BOX 10529 TALLAHASSEE, FL 32302

01082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1300 Thomaswood Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State
Zip: 32308 Country: USA	Zip Country

4. FEI Number: 55-0874435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WADSWORTH, MURRAY M JR. 203 NORTH GADSDEN STREET, SUITE 1 TALLAHASSEE, FL 32301	Name: Same Street Address (P.O. Box Number is Not Acceptable): 1300 Thomaswood Drive City: Tallahassee FL Zip Code: 32308

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 ______ 1-11-05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete WADSWORTH, MURRAY M JR. 203 NORTH GADSDEN STREET, SUITE 1 TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same ☒ Change ☐ Addition Same 1300 Thomaswood Drive Tallahassee, Florida 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1-11-05 850-224-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #