2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013748

1. Entity Name

INDEPENDENCE COMMERCE CENTER, LLC



Apr 14, 2008 08:00 A Secretary of State

FILED

Principal Place of Business

6499 N POWERLINE RD, STE 301 FORT LAUDERDALE, FL 33309 Mailing Address

6499 N POWERLINE RD, STE 301 FORT LAUDERDALE, FL 33309



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
56-2444531	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R 4875 N FEDERAL HWY, 7TH FLOOR FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

	ve named entity submits this statement for the purpose of cha- ations of registered agent.	ging its registered office or registered agent, or both	i, in the State of Florida. I am Iamiliar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable		(NOTE, Registered Agent signature required when reinstating)	DATE
	.E NOW!!! FEE IS \$138.75 ay 1, 2008 Fee will be \$538.75	, ,	
9.	MANAGING MEMBERS/MANAGERS		and the second s
TITLE	MGR	* * *	

NAME RENZULLI, EDWARD A STREET ADDRESS 6499 N POWERLINE RD, STE 301 FORT LAUDERDALE, FL 33309 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

000000896029 04/24/08-80091-016 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FOLHARD M. RENZULLI

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4-8-08

954)776-9900

Daytime Phone