


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90156 050 ****50.00

DOCUMENT # L04000019797 1. Entity Name COMMONWEALTH HOLDINGS, LLC																																																		
Principal Place of Business 5889 S. WILLIAMSON BLVD SUITE 1419 PORT ORANGE FL 32128		Mailing Address 5889 S. WILLIAMSON BLVD SUITE 1419 PORT ORANGE FL 32128																																																
2. Principal Place of Business - No P.O. Box # 5889 S. WILLIAMSON BLVD. SUITE 1417 PORT ORANGE, FL 32128.	3. Mailing Address 5889 S. WILLIAMSON BLVD. SUITE 1417 PORT ORANGE, FL 32128.																																																	
City PORT ORANGE, FL 32128.		4. FEI Number 20-0895466																																																
Zip 32128		Applied For <input type="checkbox"/> Not Applicable																																																
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)																																																
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name ROBERT HALL Street Address (P.O. Box Number is Not Acceptable) 2795 SPRUCE CREEK BLVD. City DAYTONA BEACH, FL Zip Code 32128																																																
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 <i>Robert A. Hall</i> ROBERT A. HALL 2-13-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR HALL, ROBERT A 5889 S. WILLIAMSON BLVD, STE 1419 PORT ORANGE FL 32128 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, ROBERT A 5889 S. WILLIAMSON BLVD, STE 1419 PORT ORANGE FL 32128	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> Suite 1417 </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 1417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																		
SIGNATURE: <i>Robert A. Hall</i> ROBERT A. HALL 2-13-07 386-767-2434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																		

