


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 010 ****50.00

DOCUMENT # L04000021041	
1. Entity Name FIRST COMMERCIAL REALTY SERVICES, LLC	

Principal Place of Business 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	Mailing Address 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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**1019 Town Center Drive
Orange City, Florida 32763**

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Orange City, Florida 32763**

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0884729	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WANAMAKER, JOHN 2574 S. VOLUSIA AVENUE ORANGE CITY, FL 32763	7. Name and Address of New Registered Agent Name <i>Same</i> 1019 Town Center Drive Orange City, Florida 32763 Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered agent.
the obligations of registered agent.

SIGNATURE *John Wamaker* DATE *4/4/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE-Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANAMAKER, JOHN 2574 S. VOLUSIA AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1019 Town Center Drive Orange City, Florida 32763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE *John Wamaker* DATE *4/4/07* 386-775-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #