


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025133
 1. Entity Name
COMMERCE PARK OF PALM BEACH COUNTY, LLC



Principal Place of Business 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414	Mailing Address 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



04272006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1013043	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 COLMAN, NANCY B ESQ.
 150 E. PALMETTO PARK RD., STE. 750
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2006

U00000561476
05/19/06-80016-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PECHTER, JACK 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORING, DAVID 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIMMELRICH, SHELLY 3111 FORTUNE WAY, SUITE B-18 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **04/26/06 (561) 982-7770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #