


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000025135<br>1. Entity Name<br>COMMERCE PARK WEST, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3111 FORTUNE WAY, SUITE B-18<br>WELLINGTON, FL 33414 | Mailing Address<br>3111 FORTUNE WAY, SUITE B-18<br>WELLINGTON, FL 33414 |
|---|---|

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|   |                                       |
|---|---------------------------------------|
| 04272006No Chg-LLC  | CR2E083 (11/05)                       |
| 4. FEI Number<br>20-1013095                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>COLMAN, NANCY B ESQ.<br>150 E. PALMETTO PARK RD., STE. 750<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PECHTER, ACK<br>3111 FORTUNE WAY, SUITE B-18<br>WELLINGTON, FL 33414       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>LORING, DAVID<br>3111 FORTUNE WAY, SUITE B-18<br>WELLINGTON, FL 33414      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>HIMMELRICH, SHELLY<br>3111 FORTUNE WAY, SUITE B-18<br>WELLINGTON, FL 33414 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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05/17/06-80127-003 50.00

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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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE