

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026439

**FILED**  
**Jan 16, 2005**  
**Secretary of State**

**Entity Name:** COMMERCIAL TEAM PLAZA 901, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

10461 DENOEU ROAD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

10461 DENOEU ROAD  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

FEI Number: 20-1253888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STRZALKOWSKI, WALTER A  
10461 DENOEU ROAD  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: STRZALKOWSKI, WALTER A  
Address: 10461 DENOEU ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRZALKOWSKI, WALTER A  
Address: 10461 DENOEU ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Change (X) Addition  
Name: CUEVAS, ROSILIS A  
Address: 10461 DENOEU ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WALTER A. STRZALKOWSKI

MGRM

01/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date