

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026700

FILED
Apr 27, 2006
Secretary of State

Entity Name: FALCON COMMERCIAL DEVELOPEMENT, LLC

Current Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-0976423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD. STE. 1200
WEST PALM BEACH, FL 33401 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/MANAGERS:

Title: MGRM () Delete
Name: FALCONE, ARTHUR
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33065

Title: MGRM () Delete
Name: FALCONE, EDWARD
Address: 1951 NW 19TH STREET
City-St-Zip: BOCA RATON, FL 33431

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR () Change (X) Addition
Name: FALCONE, ROBERT
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARTHUR FALCONE

MGR

04/27/2006

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