2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026700

FILED Apr 26, 2007 Secretary of State

() Change () Addition

(X) Change () Addition

FALCONE, ROBERT

Entity Name: FALCON COMMERCIAL DEVELOPEMENT, LLC

New Principal Place of Business: Current Principal Place of Business: 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431 FEI Number: 20-0976423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERSON, GARY N 1645 PALM BEACH LAKES BLVD. STE. 1200 WEST PALM BEACH, FL 33401 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FALCONE, ARTHUR Name: Name: 1951 NW 19TH STREET Address: Address: City-St-Zip: BOCA RATON, FL 33065 City-St-Zip: Title: MGRM () Delete Title:

Name:

Title:

Address:

City-St-Zip:

Name: FALCONE, EDWARD Address: 1951 NW 19TH STREET

City-St-Zip: BOCA RATON, FL 33431 Title: MBR () Delete

FALCONE, ROBERT Name:

Address:

Name: 1951 NW 19TH STREET SUITE 200 Address:

1951 NW 19TH STREET SUITE 200 City-St-Zip: BOCA RATON, FL 33431

City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify 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 **MGRM** 04/26/2007