2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031132

1. Entity Name
301-COMMERCE CENTER, LLC

Principal Place of Business	Mailing Address
503 72ND STREET HOLMES BEACH, FL 34217	P.O. BOX 1276 HOLMES BEACH, FL 34218

20009802

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip · Country	Zip · Country

02042005   Chg-LLC   CR2E083 (10/03)

4. FEI Number   _20 -1035446_   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNOWLES, TIMOTHY A 1204 MANATEE AVENUE W. BRADENTON, FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Managing Member* *Steven Lindahl* *503 72nd St.* *Fl 34217* *Holmes Beach,*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Managing Member* *Sandra Lindahl* *503 72nd St.* *Holmes Beach, Fl 34217*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   _2/7/05_   _941-776-2436_

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