2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90374 045 ****50.00

DOCUMENT # L04000033355

1. Entity Name
CITYWALK COMMERCIAL, LC

60038956

Principal Place of Business	Mailing Address
666 S MILITARY TRAIL DEERFIELD BEACH, FL 33442	666 S MILITARY TRAIL DEERFIELD BEACH, FL 33442

04032007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
333 NE 2nd St	333 NE 2nd St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number 87-0725982 ☐ 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
COREN, GEORGE 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	Name: George Coren Street Address (P.O. Box Number is Not Acceptable): 333 NE 2nd St City: Delray Beach FL Zip Code: 33483

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: George J Coren George J Coren 4/19/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	PORTEN CW COMMERCIAL, LLC		NAME		
STREET ADDRESS	666 S. MILITARY TRAIL		STREET ADDRESS	333 NE 2nd St	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	333 NE 2nd St	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George J Coren 4/19/07 561 819-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #