2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 16, 2007 08:00 AM
Secretary of State

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1. Entity Name

BANKATLANTIC COMMERCIAL MORTGAGE CAPITAL, LLC



Principal Place of Business

Mailing Address

980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432



01052007 No Chg-LLC

CR2E083 (11/05)

4.	4. FEI Number		
	20-1208923		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPARATO, MICHAEL 980 N FEDERAL HWY, STE 400 BOCA RATON, FL 33432

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Filing Fee is \$50.00		04/24/07-80	[47-012 50.	<u>, (10</u>
Signature, typed or printed name of registered agent and atte if applicable	(NOTE_Registered Agent signature required when reinstating)	<u> </u>	纪74	
SIGNATURE				
the obligations of registered agent.	ging its registered office or registered agent, or but	II, III the State of Florida. T	attriattinai witti, ari	io accep
The above named entity submits this statement for the purpose of change	ging its registered office or registered agent, or bot	n, in the State of Florida. I	am iamiliar with, an	io accel

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BA CAPITAL, LLC 980 N FEDERAL HIGHWAY, SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 regime or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/0-

581-391-7070

Daytime Phone #