

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045124

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: COMMODITY RESOURCES, LLC

**Current Principal Place of Business:**

4511 NORTH HIMES AVENUE, SUITE 240  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4511 NORTH HIMES AVENUE, SUITE 240  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 20-1252837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MATHEWS, MILLER  
4511 NORTH HIMES AVENUE, SUITE 240  
TAMPA, FL 33614      US

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: MGR      ( ) Delete  
Name: WOOD, JOSHUA  
Address: 4511 N HIMES STE 240  
City-St-Zip: TAMPA, FL 33614

Title: S/T      ( ) Delete  
Name: PRIESS, MARIA  
Address: 4511 N HIMES STE 240  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

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

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

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: MARIA PREISS

S/T

07/02/2007

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