


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 13 PM 2: 35

DOCUMENT # L04000051093 1. Entity Name COMMODORE RETAIL PROPERTIES, LLC	
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Principal Place of Business C/O COMMODORE REALTY, INC. 30 WEST MASHTA DRIVE, SUITE 400 KEY BISCAYNE, FL 33149	Mailing Address C/O COMMODORE REALTY, INC. 30 WEST MASHTA DRIVE, SUITE 400 KEY BISCAYNE, FL 33149
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03012006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PUYANIC, MAX D
C/O COMMODORE REALTY, INC.
30 WEST MASHTA DRIVE, SUITE 400
KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PUYANIC, MAX D 30 WEST MASHTA DRIVE, SUITE 400 KEY BISCAYNE, FL 33149
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**DO NOT WRITE
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Max D. Puyanic Date: 3/6/06 Daytime Phone #: 305-365-2600

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

4/1/06