


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| 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 BISCAVNE, FL 33149 | Mailing Address C/O COMMODORE REALTY, INC. 30 WEST MASHTA DRIVE, SUITE 400 KEY BISCAVNE, FL 33149 |
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01192007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 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 BISCAVNE, FL 33149

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

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PUYANIC, MAX D 30 WEST MASHTA DRIVE, SUITE 400 KEY BISCAVNE, FL 33149 |
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02/13/07-80038-004 50.00

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IN THIS SPACE**

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

Date _____ Daytime Phone # _____