

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90291 037 ****50.00

20051004



01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **33-1098836** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000053030

1. Entity Name
1600 W. COMMERCIAL BLVD., L.L.C.



Principal Place of Business
C/O STUART T. KAPP, ESQ.
2255 GLADES ROAD, STE. 340W
BOCA RATON, FL 33431

Mailing Address
C/O STUART T. KAPP, ESQ.
2255 GLADES ROAD, STE. 340W
BOCA RATON, FL 33431

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
KAPP, STUART T ESQ
2255 GLADES ROAD, STE. 340W
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name **Steven P Fischer**
Street Address (P.O. Box Number is Not Acceptable)
300 S. Pine Island Road Suite 110
City **Plantation** FL Zip Code **33324**

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 **2/2/05**

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Steven Fischer PRES 300 S Pine Island Rd Ste 110 Plantation, FL 33324	
		MARK Zard VP 300 S Pine Island Rd Ste 110 Plantation, FL 33324	
		Richard Fernandes T.S. 300 S Pine Island Rd Ste 110 Plantation, FL 33324	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE **3/8/05**

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