2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90135 020 ****50.00

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1. Entity Name
COMMERCIAL VENTURES, LLC

Principal Place of Business	Mailing Address
3370 NE 190TH STREET 912 AVENTURA, FL 33180	3370 NE 190TH STREET 912 AVENTURA, FL 33180

02022005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3201 NE 183RD STREET	3201 NE 183RD STREET
Suite, Apt. #, etc. 1204	Suite, Apt. #, etc. 1204
City & State AVENTURA FL	City & State AVENTURA FL
Zip 33160 Country MIAMI-DADE	Zip 33160 Country MIAMI-DADE

4. FEI Number 20-1428421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL, GLUZMAN 3370 NE 190TH STREET AVENTURA, FL 33180	Name GLUZMAN MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3201 NE 183RD STREET, #1204 City AVENTURA FL Zip Code 33160

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] MICHAEL GLUZMAN 2/02/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL, GLUZMAN 3370 NE 190TH STREET AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLUZMAN, MICHAEL 3201 NE 183RD STREET #1204 AVENTURA, FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ✓ [signature] MICHAEL GLUZMAN/PRESIDENT 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #