## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L0400057808  1. Entity Name 3055 & 3057 E. COMMERCIAL BLVD, LLC			06 JUL -5	LED 5 PM 2: 05
Principal Place of Business 6191 W. ATLANTIC BLVD. SUITE 2 MARGATE, FL 33063	Mailing Address 6191 W. ATLANTIC BLVD SUITE 2 MARGATE, FL 33063	).	SECRETAR TALLAHASS	TOT STATE EE, FLORIDA
2. Principal Place of Business  YSOO W. TRADEWINDS AVE	3. Mailing Address 4560 W. Trabfu' Suite, Apt. #, etc.	INDS ALE		
			05102006 Chg-LLC	CR2E083 (11/05)
LAUDERDALE BY THE SEA FL	Landeroale By the	he Sea FL	4. FEI Number 13-4286027	Applied For Not Applicable
Zip 33308 Country USA	Zip33308	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current F	Registered Agent		7. Name and Address of New	
GREEN, DEBORAH A 6191 W. ATLANTIC BLVD. SUITE 2 MARGATE, FL 33063			Name WARTEN B. MERETSKY  Street Address (P.O. Hox Number is Not Acceptable)  4560 W. TRADE WINDS ASENUE	
		City	ale By the Sea	FL Zip fort 300
8. The above named entity suphyits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or primed name of replaced agent and tale applicable. (NOTE: Registered Agent signature registered when renature)  On the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with, and accept the obligations of registered agent. In the State of Florida. I am familiar with accept the obligations of registered agent. In the State of Florida. I am familiar with a construction of registered agent. In the State of Florida. I am familiar with a construction of registered agent. In the State of Florida. I am familiar with a construction of registered agent. In the State of Florida. I am familiar with a construction of registered agent. In the state of Florida. I am familiar with a construction of registered a				
Amended AR is \$50.00 Make check payable to Florida Department of State				
9. MANAGING MEMBEI	·····	10.	ADDITIONS	S/CHANGES
TITLE MGRM NAME GREEN, MARTIN B	Delete	TITLÉ NAME		☐ Change ☐ Addition
STREET ADDRESS 10884 HAWKS VISTA STREET CITY-ST-ZIP PLANTATION, FL 33324		STREET ADORESS CITY-ST-ZIP		
TITLE MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME   MERETSKY, WARREN   STREET ADDRESS   4560 W. TRADEWINDS AVENUE		NAME STREET ADDRESS		162707
CITY-SI-ZIP LAUDERDALE BY THE SEA, FL	33308	CITY-ST-ZIP	07/07/060109	54012 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 CTY-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
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 appowered to execute this report as required by Chapter 608. Florida Statutes.				
SIGNATURE: WATER OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY WANAGER, OR AUTHORIZED REPRESENTATIVE DEED DEED DESTROY DESTROY PROTECT OF THE PROTECT OF				