

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000061063

1. Entity Name

COMMERCE OPTION PARCELS, L.L.C.



Principal Place of Business

300 EAST STATE STREET
JACKSONVILLE, FL 32202

Mailing Address

300 EAST STATE STREET
JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1529148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEY, THERESA M ESQ
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

**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	MGRM
NAME	EASTON, SAMUEL M JR
STREET ADDRESS	300 EAST STATE STREET
CITY- ST- ZIP	JACKSONVILLE, FL 32202

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CITY- ST- ZIP	

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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: _____

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

Date

Daytime Phone #