

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000061063

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** COMMERCE OPTION PARCELS, L.L.C.

**Current Principal Place of Business:**

300 EAST STATE STREET  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

300 EAST STATE STREET  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-1529148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KENNEY, THERESA M ESQ  
4348 SOUTHPOINT BLVD.  
SUITE 101  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

EASTON, SAMUEL M  
300 EAST STATE STREET  
SUITE G  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: SAMUEL M EASTON

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EASTON, SAMUEL M JR  
Address: 300 EAST STATE STREET  
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL M EASTON

MGR

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date