
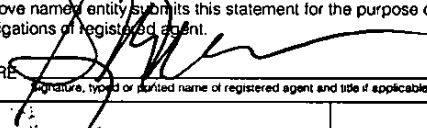
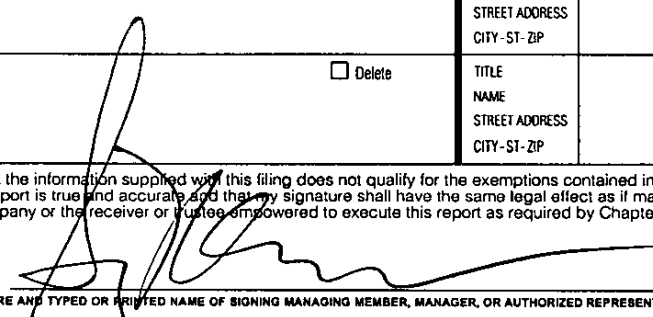


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90004 034 ****55.00

DOCUMENT # L04000071718 1. Entity Name 2425 EAST COMMERCIAL, LLC		
Principal Place of Business 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2364		Mailing Address 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2364
2. Principal Place of Business S 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860	3. Mailing Address 4700 NW Boca Raton Blvd. Suite 101 Boca Raton, FL 33431-4860	01112006 Chg-LLC CR2E083 (11/05)
Zip Country Zip Country		4. FEI Number 20-1732407
		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MOSKIN, SINDEY M 23408 MIRABELLA CIRCLE SOUTH BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name: Moskine, Sidney M Street Address (P.O. Box Number is Not Acceptable): 4700 NW Boca Raton Blvd. Suite 101 City: Boca Raton, FL 33431-4860
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: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE: MGRM NAME: MOSKIN, SIDNEY M <input type="checkbox"/> Delete STREET ADDRESS: 17735 FIELDBROOK CIRCLE N CITY-ST-ZIP: BOCA RATON, FL 334301534	TITLE: Moskine, Sidney M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Moskine, Sidney M STREET ADDRESS: 4700 NW Boca Raton Blvd. CITY-ST-ZIP: Suite 101 Boca Raton, FL 33431-4860	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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: 		Date: 1/4/06 Daytime Phone #: 501-715-9280