2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000071718 1. Enlity Name 2425 EAST COMMERCIAL, LLC						01-18-2006 9	90004 03	34 ****55	5.00	
Principal Place	e of Business	Mailing Address								
~102 NORTH SWINTON AVENUE		102 NORTH SWINTON AVENUE								
-DELRAY BEA	CH, FL 33444-2364	DELRAY BEACH, FL' 33444-2364								
			IL Sui ki bit ii su ih bu hi bu hi		(846) (1861 (8)					
2. Principal P	lace of Business	3. Mailing Address								
4700 NI	W Boca Raton Blvd.	4700 NW Boca Raton Blvd.						N 10461 NADI 101	4 DI 144 14 B)	
Suite 10		Suite 101			01112006	Chg-LLC	CR2E0	83 (11/05)		
C. Boca Raton, FL 33431-4860		— Boca Raton, FL 33431-4860			4. FELNumb	4. FEI Number Applied			olied For	
					I	l 			t Applicable	
Žip	Country Zip		Count	try	5. Certificati	e of Status Desired	X	\$5.00 Add	itional	
	6 Name and Address of Course A	ddraw of Current Poolstered Apent						Fee Required	1	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MOSKIN, SINDEY M 23408 MIRABELLA CIRCLE SOUTH				Moskin, Siducy M						
	ABELKA ÇIRCLE SOUTH FON, FL 83433				ess (P.O. Box Nümb	s (P.O. Box Number is Not Acceptable)				
D OOM TOT	10N,FL 93433					700 NW Boca Raton Blvd.				
	1/	City			_Suite 101 Boca Raton, FI	33431-4860		Zip Code		
							FL	. `		
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 FORMATIVE, typid or plusted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fi Di	ling Fee is \$50.00 ue by May 1, 2006				·		e check pa Departme	ayable to ent of State	•	
9.	MANAGING MEMBER	S / MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM	Delete	TITLE	:	مد به به به		CHANGES	Change	Addition	
NAME	MOSKIN, SIDNEY M			E	•	Mos Kin Sidney へ Maddilic 00 NW Boca Raton Blvd.				
STREET ADDRESS	17735 FIELDBROOK CIRCLE N		STREET ADDRESS		Suite 101	Raton Bivd.				
CITY-ST-ZIP				-ST-ZIP	Boca Raton, FL 33431-4860					
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CITY-ST-ZIP				-ST-ZiP						
TITLE	77	☐ Delete	TITLE					Change	☐ Addition	
NAME CYDEET ADDRESS	//		NAME							
STREET ADDRESS CITY-ST-ZIP	1 [ET ADORESS -ST-ZIP						
	certify that the information supplied wird	this filing does not qualify for			ned in Chanter 119	Florida Statutes The	rther certify	that the info	mation	
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 truther employee 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 truther employee 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 truther employee 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 truther employee 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 truther employee 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 truther employee 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 truther employee the limited liability company or the receiver of the limited liability company or the receiver of the limited liability company or the receiver or truther employee the limited liability company or the receiver of the limited liability company or the receiver or truther employee the liability company or the receiver or truther employee the liability company or the receiver or truther employee the liability company or the receiver of the liability of the liability company or the receiver of the liability of the liability of the liability of										
SIGNATURE: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
SIGNATURE: 114/08 34/15/2000 SIGNATURE AND TYPED OR ARIBITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #										