


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90302 007 ****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 - No P.O. Box #
 4700 NW Boca Raton Blvd

3. Mailing Address
 4700 NW Boca Raton Blvd.

Suite, Apt. #, etc.
 Suite 101

Suite, Apt. #, etc.
 Suite 101

02022007 Chg-LLC CR2E083 (12/06)

City & State
 Boca Raton, FL

City & State
 Boca Raton, FL

4. FEI Number
 20-1732407

Applied For
 Not Applicable

Zip
 33431

Country
 Palm Beach

Zip
 33431

Country
 Palm Beach

5. Certificate of Status Desired \$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

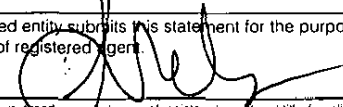
Name
 Mr. Sidney M. Moskin

Street Address (P.O. Box Number is Not Acceptable)
 4700 NW Boca Raton Blvd., Suite 101

City
 Boca Raton

FL Zip Code
 33431

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 2-2-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

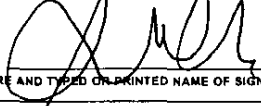
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MOSKIN, SIDNEY	4700 NW BOCA RATON BLVD SUITE 101	BOCA RATON, FL 334314860	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  SIDNEY M. MOSKIN 2/2/07 561-241-9502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #