


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90206 039 ****50.00

DOCUMENT # L04000076846		
1. Entity Name NATIONAL COMMERCIAL HOLDINGS, LLC		

Principal Place of Business 105 SARASOTA QUAY SARASOTA, FL 34236 US	Mailing Address 105 SARASOTA QUAY SARASOTA, FL 34236 US
---	---

20013562

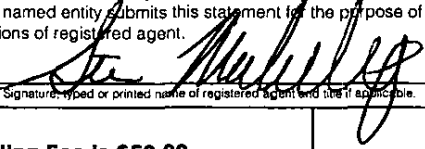
2. Principal Place of Business 1884 Stickney Point Rd	3. Mailing Address 1884 Stickney Point Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34231 Country USA	Zip 34231 Country USA



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0886353		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MEDENDORP, STEVEN 104 SARASOTA QUAY SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Steven medendorp Street Address (P.O. Box Number is Not Acceptable) 1884 Stickney Point Road City Sarasota FL Zip Code 34231

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 **2/9/06**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR NATIONAL PROJECT MANAGEMENT, INC. 1820 MEADOWOOD ST. SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR National Project Management, Inc. 1436 Ridgewood Lane Sarasota, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EAST COAST COMM. HOLDINGS, LP 257 TRAMWAY DRIVE, PO BOX 4470 STATELINE, NV 89449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **2/9/06** (941) 308-1175

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