

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90291 042 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L04000078262</b> 1. Entity Name <b>COMMERCIAL PLACE INVESTMENTS, LLC</b>					
Principal Place of Business <b>1937 EAST ATLANTIC BLVD., SUITE 9 POMPAÑO BEACH FL 33060</b>			Mailing Address <b>1937 EAST ATLANTIC BLVD., SUITE 9 POMPAÑO BEACH FL 33060</b>		
2. Principal Place of Business Suite, Ap <b>CHANGE of Place of Business &amp; Mailing Address.</b> <b>2101 N Andrews Ave, Suite 107</b> City & St <b>Wilton Manors, FL 33311</b>		3. Mailing Address  			
Zip 	Country 	Zip 	Country 	4. FEI Number <b>20-1953721</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GROSCH, RICK 2124 NE 44 STREET FORT LAUDERDALE FL 33308</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GROSCH, RICK 2124 NE 44 ST FORT LAUDERDALE FL 33308		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	
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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 Section 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: <b>X</b>			Date <b>3/14/2006</b>		Daytime Phone # <b>954-563-8853</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

30002917  
#L04000078262

***From the Desk of Sue Halpin***

**954-563-8953**

***Fax: 563-8052***

***Wednesday, March 29, 2006***

Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314

Re: Corrected Annual Report

Reference # L04000078262  
Commercial Place Investments, LLC

Attached please find the Corrected Annual Reports that we received on  
March 27, 2006 for the following entities:

The EIN number has been added.

If you require any additional information, please call the above number.