

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/8/2006-90043-029-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:07

DOCUMENT # L05000004185 1. Entity Name COMM PROS LLC					
Principal Place of Business 12342 S.W. 99 STREET MIAMI, FL 33186			Mailing Address 12342 S.W. 99 STREET MIAMI, FL 33186		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 16-1714097	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, JONATHAN R-ESQ. 9360 SUNSET DRIVE, SUITE 220 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 submitting)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COMM NY LLC 72 BANK STREET NEW YORK, NY 10014	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800081302808 10/27/06--01055--004 ***5.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BTEDDINI, SHADI 516 FIFTH AVENUE, STE 304 NEW YORK, NY 10036	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCASKILL, TERRY 12342 S.W. 99 STREET MIAMI, FL 33186	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>P. J. Rubin</i>			9/4/06 917-292-4968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					