

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011554

FILED
Aug 07, 2007
Secretary of State

Entity Name: COMMERCIAL FLORIDA MANAGEMENT, LLC

Current Principal Place of Business:

315 E. ROBINSON STREET
SUITE 555
ORLANDO, FL 32801

New Principal Place of Business:

315 E. ROBINSON STREET
SUITE 520
ORLANDO, FL 32801

Current Mailing Address:

315 E. ROBINSON STREET
SUITE 555
ORLANDO, FL 32801

New Mailing Address:

315 E. ROBINSON STREET
SUITE 520
ORLANDO, FL 32801

FEI Number: 20-2273638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWEENEY, JEFFREY S SIOR
315 E. ROBINSON ST.
SUITE 555
ORLANDO, FL 32801 US

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.

SIGNATURE: JEFFREY S. SWEENEY, SIOR

08/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PARKER-HAMILTON PROP, ERTY GROUP, LL C
Address: 315 E. ROBINSON STREET, SUITE 555
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change () Addition
Name: SWEENEY, JEFFREY S SIOR
Address: 315 E. ROBINSON STREET, SUITE 555
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY S. SWEENEY, SIOR

MGRM

08/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date