## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012864  1. Entity Name COMMANDER & ASSOCIATES, LLC			Jan 24, 2007 08:00 Secretary of Stat
Principal Place of Business PO BOX 72 PONTE VEDRA BEACH, FL 32004  Mailing Address PO BOX 72 PONTE VEDRA BEACH, FL 32004			
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			01032007 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For NOT APPLICABLE  5. Certificate of Status Desired  \$5.00 Additional Fee Required
HERRING, BENJAMIN C 42 LITTLE BAY HARBOR DR PONTE VEDRA BEACH, FL 32082			DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and filler if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00			
D	iling Fee is \$50.00 sue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	MGR HERRING, BENJAMIN C 42 LITTLE BAY HARBOR DR PONTE VEDRA BEACH, FL 32082		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			U00000600709 01/26/07-80020-023 50,00
NAME STREET ADDRESS CITY-ST-ZIP		-	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
THILE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lial	certify that the information supplied with this filling does not qualify for the e on this report is true and accurate and that my signature shall have the se ibility company or the researce of trustee empowered to execute this report	xemptions contained ime legal effect as if as required by Char	in Chapter 119, Florida Statutes, I further certify that the information made under oath; that I am a managing member or manager of the oter 608. Florida/Statutes.

**FILED**