2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # L05000051994 1. Entity Name COMMERCE ENTERPRISES, LLC						02-22-2007	90276 0	50 ****5	0.00
Principal Place of Business 701 COLORADO AVE. STUART, FL 34994		Mailing Address 701 COLORADO AVE. STUART, FL 34994				· U			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		02072007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Numb 59-284		-	<u> </u>	oplied For ot Applicable	
Zip	Country	Country Zip Cou		ntry	5. Certificate of Status Desired See Required				
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered A	Agent	
ROEGIERS, STEPHEN M				Name					
	RADO AVE.	Street Address			(P.O. Box Number is Not Acceptable)				
				City	·		FL	Zip Code	e
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.								and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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	iling Fee is \$50.00 ue by May 1, 2007						ke check p a Departm	ayable to ent of State	e
		RS/MANAGERS	10.				a Departm	ent of State	Đ
9.	ue by May 1, 2007 MANAGING MEMBE MGRM	RS/MANAGERS	TITL			Florida	a Departm	ent of State	Addition
9.	MANAGING MEMBE MGRM GOLDEN, GENE B		TITL			Florida	a Departm	ent of State	
9. TITLE NAME	ue by May 1, 2007 MANAGING MEMBE MGRM		TITL NAM STRE	E		Florida	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GOLDEN, GENE B 701 COLORADO AVE. STUART, FL 34994 MGRM		TITL NAM STRI CITY	EET ADDRESS '-ST-ZIP		Florida	a Departm	ent of State	
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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: My DOC PRINTED NAME OF/SUNNING NAME OF SUNNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dalo Dayling Prone #