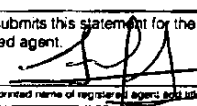
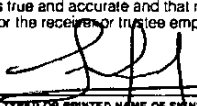


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

01-17-2006 90056 001 ****50.00

DOCUMENT # L05000057853			
1. Entity Name COMMERCIAL CAPITAL TRUST LLC			
Principal Place of Business 1114 N FEDERAL HWY BOYNTON BEACH, FL 33435		Mailing Address PO BOX 3127 LANTANA, FL 33465	
2. Principal Place of Business 60 N.E. 104 Street Suite, Apt. #, etc.		3. Mailing Address 60 N.E. 104 Street Suite, Apt. #, etc.	
City & State Miami Shores FL Zip 33138 Country USA		City & State Miami Shores FL Zip 33138 Country USA	
4. FEI Number 20-3016843		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMACHO, IVAN D 22220 BOCA RANCHO DRIVE #4A BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Camacho, Ivan D. Street Address (P.O. Box Number is Not Acceptable) 60 N.E. 104 Street City Miami Shores FL Zip Code 33138	
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 title, if applicable		DATE Jan. 5, 2006 (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMACHO, IVAN 1114 N FEDERAL HWY BOYNTON BEACH, FL 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Camacho, Ivan 60 N.E. 104 Street Miami Shores, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE Jan. 5, 2006 561-208-1612 Daytime Phone #	