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

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1

DOCUMENT # L05000057853

1. Entity Name
COMMERCIAL CAPITAL TRUST LLC

Principal Place of Business	Mailing Address
1114 N FEDERAL HWY BOYNTON BEACH, FL 33435	PO BOX 3127 LANTANA, FL 33465

01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
60 N.E. 104 Street	60 N.E. 104 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Shores FL	City & State: Miami Shores FL
Zip: 33138 Country: USA	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 ______________________ Jan. 5, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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: ______________________ Jan. 5, 2006 561-208-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #