

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061996

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAUDERDALE-COMMERCIAL, LLC

Current Principal Place of Business:

C/O WILLNER REALTY & DEVELOPMENT
123 COULTER AVENUE, SUITE 200
ARDMORE, PA 19003

New Principal Place of Business:

Current Mailing Address:

C/O WILLNER REALTY & DEVELOPMENT
123 COULTER AVENUE, SUITE 200
ARDMORE, PA 19003

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIF, EVAN D
2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: WILLNER, MORRIS S
Address: 123 COULTER AVENUE, SUITE 200
City-St-Zip: ARDMORE, PA 19003

Title: VP () Delete
Name: WILLNER, MICHAEL B
Address: 123 COULTER AVENUE, SUITE 200
City-St-Zip: ARDMORE, PA 19003

Title: VP () Delete
Name: WILLNER, BENJAMIN P
Address: 123 COULTER AVENUE, SUITE 200
City-St-Zip: ARDMORE, PA 19003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL B. WILLNER

VP

04/30/2008

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