2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064467

1. Entity Name
CORTEZ COMMERCIAL, LLC



FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business

6610 CORTEZ ROAD BRADENTON, FL 34210 Mailing Address

PMB #214 4949 S.R. 64

BRADENTON, FL 34208



01302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEFTER WILKINSON & SADORF, LLC 2201 N.E. COACHMAND ROAD, SUITE #102 CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE

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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.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2007			
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, MICHAEL S PMB #214, 4949 S.R. 64 BRADENTON, FL 34208		Hadaaaaaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERGUSON, DELINDA M PMB #214, 4949 S.R. 64 BRADENTON, FL 34208		U00000693291 04/16/07-80034-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	A STORY OF LAND		

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 truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #