


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> L05000103869	
<b>1. Entity Name</b> COMMERCIAL CAPITAL ASSURANCE, LLC	

<b>Principal Place of Business</b> 4422 N. CHURCH AVE., SUITE "J" TAMPA FL 33614	<b>Mailing Address</b> 4422 N. CHURCH AVE., SUITE "J" TAMPA FL 33614
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

1st MOORE CR2E083 (10/06)

<b>4. FEI Number</b> 20-3683538		<b>Applied For</b>
		Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SADORF, RICK W ESQ. 2201 N.E. COACHMAN ROAD, SUITE 102 CLEARWATER FL 33765	<b>Name</b>
	<b>Street Address (P O. Box Number is Not Acceptable)</b>
	<b>City</b> FL <b>Zip Code</b>

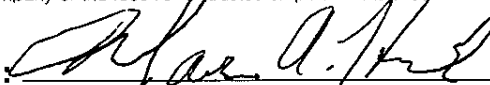
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM HVOZDOVICH, MARK 4147 CAPITOL DRIVE PALM HARBOR FL 34685 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11000001709102 04/24/07-80144-006 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Managing Member** 4/10/07 813-281-2949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #