


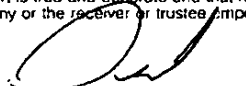
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

05-03-2006 90037 037 ****50.00

30004758
[Barcode]

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000106159					
1. Entity Name COMMERCE LAKES PARTNERS, LLC					
Principal Place of Business 12251 TOWNE LAKE DRIVE FORT MYERS FL 33913			Mailing Address 12251 TOWNE LAKE DRIVE FORT MYERS FL 33913		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-3744068				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TIBOL, DAVID 12251 TOWNE LAKE DRIVE FORT MYERS FL 33913				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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 recertifying) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBOL, GEORGE		NAME		
STREET ADDRESS	12251 TOWNE LAKE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS FL 33913		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBOL, DAVID		NAME		
STREET ADDRESS	12251 TOWNE LAKE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS FL 33913		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ROBERT II		NAME		
STREET ADDRESS	901 DOVER DRIVE, SUITE 106		STREET ADDRESS		
CITY- ST- ZIP	NEWPORT BEACH CA 92660		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ROBERT III		NAME		
STREET ADDRESS	14706 OSPREY POINT DRIVE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS FL 34908		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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:  David Tibol			3-30-06 231-768-6800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		