

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**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**



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**20-3744018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TIBOL, DAVID  
12251 TOWNE LAKE DRIVE  
FORT MYERS, FL 33913**

DO NOT WRITE  
IN THIS SPACE

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000853807  
03/26/08-80079-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TIBOL, GEORGE
STREET ADDRESS	12251 TOWNE LAKE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGRM
NAME	TIBOL, DAVID
STREET ADDRESS	12251 TOWNE LAKE DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	MGRM
NAME	JOHNSTON, ROBERT II
STREET ADDRESS	901 DOVER DRIVE, SUITE 106
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	MGRM
NAME	JOHNSTON, ROBERT III
STREET ADDRESS	14706 OSPREY POINT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 34908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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

2-28-08 239-768-6800

Date

Daytime Phone #