2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116429

City-St-Zip:

Entity Name: FORT PIERCE COMMERCIAL HOLDINGS, LLC

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301				1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431			
Current Mailing Address:				New Mailing Address:			
350 E. LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301				1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431			
FEI Number: 20-39	11421	FEI Number Applied For()	FEI Nun	nber Not Appl	licable () Certificate of Status Desired	1()	
Name and Add	ress of Cur	rent Registered Agent:		Name and	Address of New Registered Agent:		
BSPA CORPOR 350 E. LAS OLA FT. LAUDERDA	S BLVD. SU	JITE 1000					
The above name in the State of F		omits this statement for the p	ourpose o	f changing i	its registered office or registered agent, o	or both,	
SIGNATURE:							
Electronic Signature of Registered Agent					Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	() De	lete		Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition FALCONE, ARTHUR J 1951 NW 19TH STREET, SUITE 200 BOCA RATON, FL 33431		
Title: Name: Address: City-St-Zip:	() De	lete		Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition FALCONE, EDWARD W 1951 NW 19TH STREET, SUITE 200 BOCA RATON, FL 33431		
Title: Name: Address: City-St-Zip:	() De	lete		Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition EVASIUS, JOHN 3538 PALAIS TERRACE WELLINGTON, FL 33467		
Title: Name: Address: City-St-Zip:	() De	lete		Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition RABINOWITZ, EVAN 3525 PALAIS TERRACE WELLINGTON, FL 33467		
Title: Name: Address:	() De	lete		Title: Name: Address:	MGR () Change (X) Addition ANTENUCCI, ALBO J JR. 500 SOUTH OCEAN BLVD., APT. 703		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

BOCA RATON, FL 33432

SIGNATURE: ARTHUR J. FALCONE MGR 04/17/2006