2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000116429

Entity Name: FORT PIERCE COMMERCIAL HOLDINGS, LLC

Current Principal Place of Business:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-3911421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD. SUITE 1000
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	FALCONE, ARTHUR J	
Address:	1951 NW 19TH STREET, SUITE 200	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGR	( ) Delete
Name:	FALCONE, EDWARD W	
Address:	1951 NW 19TH STREET, SUITE 200	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	MGR	( ) Delete
Name:	EVASIUS, JOHN	
Address:	3538 PALAIS TERRACE	
City-St-Zip:	WELLINGTON, FL 33467	
Title:	MGR	( ) Delete
Name:	RABINOWITZ, EVAN	
Address:	3525 PALAIS TERRACE	
City-St-Zip:	WELLINGTON, FL 33467	
Title:	MGR	( ) Delete
Name:	ANTENUCCI, ALBO J JR.	
Address:	500 SOUTH OCEAN BLVD., APT. 703	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	ANTENUCCI, ALBO J JR.	
Address:	800 NE 71ST STREET	
City-St-Zip:	BOCA RATON, FL 33487	

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

SIGNATURE: ARTHUR FALCONE MGR 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date