

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121264

Entity Name: COMMERCIAL PROJECTS, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

9830 HWY 2301
YOUNGSTOWN, FL 32466

New Principal Place of Business:

Current Mailing Address:

9830 HWY 2301
YOUNGSTOWN, FL 32466

New Mailing Address:

FEI Number: 20-4567981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOWY, ROBERT E
9830 HWY2301
YOUNGSTOWN, FL 32466 US

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: MGRM () Delete
Name: LOWY, ROBERT E
Address: 9830 HWY 2301
City-St-Zip: YOUNGSTOWN, FL 32466 US

Title: MGRM () Delete
Name: AYES, IRWIN
Address: 12001 94TH ST N
City-St-Zip: LARGO, FL 33773

Title: MGRM () Delete
Name: PASTERMACK, ROBERT
Address: 7506 ALOMA AVE
City-St-Zip: WINTERPARK, FL 32792

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:

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.

SIGNATURE: ROBERT E LOWY

MGRM

05/01/2006

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