## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L0600002617

City-St-Zip: MELBOURNE, FL 32940 US

Entity Name: THE COMMONS AT WICKHAMPARK, LLC

Current Principal Place of Business:	New Principal Place	e of Business:	
6800 JERICHO TURNPIKE SUITE 207W SYOSSET, NY 11791 44	3860 CURTIS BOULE SUITE 632 COCOA, FL 32927	EVARD US	
Current Mailing Address:	New Mailing Addres	New Mailing Address:	
6800 JERICHO TURNPIKE SUITE 207W SYOSSET, NY 11791 44	3860 CURTIS BOUL SUITE 632 COCOA, FL 32927	EVARD	
FEI Number: 06-1766231 FEI Number Applied	For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ()	
Name and Address of Current Registered	Agent: Name and Address	of New Registered Agent:	
LITTMAN, ERIC P ESQ. 7695 S.W. 104TH STREET, SUITE 210 PINECREST, FL 33156 US	SOLIMAN, MARK P 3860 CURTIS BOULE SUITE 632 COCOA, FL 32927 U		

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.

SIGNATUF	RE: MARK SOLIMAN	02/23/2010
	Electronic Signature of Registered Agent	Date
MANAGING MEMBERS/MANAGERS:		
Title: Name: Address: City-St-Zip:	MGRM WEINREB, MICHAEL L MGRM 3 CYPRESS AVENUE GREAT NECK, NY 11024 US	
Title: Name: Address: City-St-Zip:	MGRM SOLIMAN, JOHN R MGRM 26 HAVERFORD ROAD HICKSVILLE, NY 11801 US	
Title: Name: Address: City-St-Zip:	MGRM DOLLARD, WILLIAM P MGRM 13 CHERUB COURT SETAUKET, NY 11733 US	
Title: Name: Address:	MGRM SOLIMAN, MARK P MGRM 1924 THESY DRIVE	

I hereby 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 Statues.

SIGNATURE:	MARK SOLIMAN	MGRM	02/23/2010	
	Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date			

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

