2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009670

1. Entity Name

COMMONWEALTH OFFICE PARK OF LAND O'LAKES, LLC



Principal Place of Business

Mailing Address

6107 MEMORIAL HIGHWAY, SUITE G TAMPA, FL 33615 6107 MEMORIAL HIGHWAY, SUITE G TAMPA, FL 33615

FILED Apr 30, 2008 08:00 AN Secretary of State



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04172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 51-0583108

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, BRYAN J ESQ. 114 TURNER STREET CLEARWATER, FL 33756

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8. The above named entity submits this statement for the purpose of changing its registered affice 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 little 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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YEPES, CARLOS A 6654 78TH AVENUE NORTH PINELLAS PARK, FL 33781
THE NAME STREET ADDRESS CHY-SI-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000936159 NR/23/08-80100-022 138.75

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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 against that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited hability company or the receiver or under empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND

NOMING MANAGING MEMOER OF AUTHORITED REDESENTATION

7/-08/72/-536-867