

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90255 032 ****50.00

DOCUMENT # L06000018788

1. Entity Name
COMMERCE DRIVE HQ, LLC



Principal Place of Business
**401 COMMERCIAL COURT
 STE A
 VENICE, FL 34292 US**

Mailing Address
**401 COMMERCIAL COURT
 STE A
 VENICE, FL 34292 US**

2. Principal Place of Business - No P.O. Box #
779 Commerce Drive

Suite, Apt. #, etc.
Suite 1

City & State
Venice, FL

Zip
34292

Country
Sarasota

3. Mailing Address
779 Commerce Drive

Suite, Apt. #, etc.
Suite 1

City & State
Venice, FL

Zip
34292

Country
Sarasota



02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-2098468

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**HINES, CHARLES D ESQ.
 420 N. RIVER RD.
 VENICE, FL 34293**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JAMES D 401 COMMERCIAL CT. STE A, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Taylor, James D 779 Commerce Drive, Suite 1 Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, ELIZABETH E 401 COMMERCIAL CT. STE A, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Taylor, Elizabeth E 779 Commerce Drive, Suite 1 Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 and that my 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: Elizabeth E. Taylor Elizabeth E Taylor 2-22-07 941-488-7682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #