


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90042 034 \*\*\*\*50.00

<b>DOCUMENT # L06000026600</b> 1. Entity Name <b>COMMERCIAL SITES, LLC</b>					
Principal Place of Business <b>6921 NW 22ND STREET GAINESVILLE, FL 32653</b>			Mailing Address <b>6921 NW 22ND STREET GAINESVILLE, FL 32653</b>		
2. Principal Place of Business - No P.O. Box # <b>1325 NW 53rd AVENUE</b>		3. Mailing Address <b>1325 NW 53rd AVENUE</b>			
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc. <b>SUITE E</b>			
City & State <b>GAINESVILLE, FL 32653</b>		City & State <b>GAINESVILLE, FL 32653</b>			
Zip <b>32653</b>	Country <b>USA</b>	Zip <b>32653</b>	Country <b>USA</b>	4. FEI Number <b>87-0765657</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>REECE, ALEX D 6921 NW 22ND STREET GAINESVILLE, FL 32653</b>				7. Name and Address of New Registered Agent Name <b>LARRY H. CHESHIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1325 NW 53rd AVENUE, SUITE E</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32653</b>	
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 <u>LARRY H. CHESHIRE</u> <i>Larry H. Cheshire</i> <span style="float: right;">7-16-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REECE, ALEX D 6921 NW 22ND STREET GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHESHIRE, LARRY 4609 NW 6TH STREET SUITE B-3 GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Larry H. Cheshire</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/16/07 352-374-1212 <small>Date Daytime Phone #</small>		

