
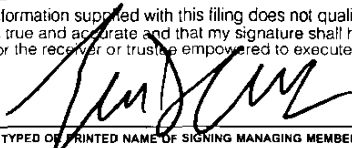


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90350 023 \*\*\*\*50.00

<b>DOCUMENT # L06000042714</b> 1. Entity Name <b>COMMERCE CENTER PROFESSIONAL BUILDING, LLC</b>					
Principal Place of Business <b>2504 SE WILLOUGHBY BLVD.</b> <b>STUART, FL 34994</b>			Mailing Address <b>P.O. BOX 3</b> <b>STUART, FL 34995 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2488 SE WILLOUGHBY BLVD.</b>			3. Mailing Address Suite, Apt. #, etc. City & State <b>STUART, FL</b>		
Suite, Apt. #, etc. City & State <b>STUART, FL</b>			City & State <b>STUART, FL</b>		
Zip <b>34994</b>		Country <b>USA</b>		Zip Country	
6. Name and Address of Current Registered Agent <b>MCINTYRE, WILLIAM C</b> <del>3504 SW CORPORATE PKWY</del> <b>4207 SW HIGH MEADOW AVE.</b> <b>PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) Signature, typed or printed name of registered agent and title if applicable. DATE:					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGRM</b> NAME <b>CHAMBERLIN, JEFFREY D</b> STREET ADDRESS <b>2504 SE WILLOUGHBY BLVD.</b> CITY-ST-ZIP <b>STUART, FL 34994</b>	<input type="checkbox"/> Delete		TITLE <b>MGRM</b> NAME <b>CHAMBERLIN, JEFFREY D.</b> STREET ADDRESS <b>2488 SE WILLOUGHBY BLVD.</b> CITY-ST-ZIP <b>STUART, FL 34994</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>MGRM</b> NAME <b>HOUSTON, JAMES B</b> STREET ADDRESS <b>1829 TIGERTAIL AVE.</b> CITY-ST-ZIP <b>COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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> 			<b>JEFFREY D. CHAMBERLIN</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>1/31/07</b>		
			Daytime Phone # <b>772-220-4096</b>		