


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000042714**


1. Entity Name  
**COMMERCE CENTER PROFESSIONAL BUILDING, LLC**



Principal Place of Business  
**2488 SE WILLOUGH BLVD  
 STUART, FL 34994**

Mailing Address  
**P.O. BOX 3  
 STUART, FL 34995 US**

**DO NOT WRITE IN THIS SPACE**



02182008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-4871533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCINTYRE, WILLIAM C  
 3501 SW CORPORATE PKWY  
 PALM CITY, FL 34990**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

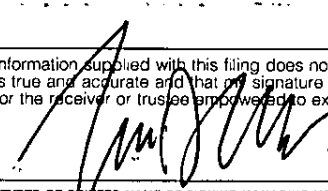
U00000910770  
 05/07/08-80013-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAMBERLIN, JEFFREY D 2488 SE WILLOUGHBY BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUSTON, JAMES B 1829 TIGERTAIL AVE. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **JEFFREY D. CHAMBERLIN**      **3/20/08**      **772-220-4096**

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