

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078049

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: G.L. COMMERCIAL MANAGEMENT, LLC

## Current Principal Place of Business:

1600 SAWGRASS CORPORATE PKWY, SUITE 300  
STE 230  
SUNRISE, FL 33323

## New Principal Place of Business:

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323

## Current Mailing Address:

1600 SAWGRASS CORPORATE PKWY, SUITE 300  
STE 230  
SUNRISE, FL 33323

## New Mailing Address:

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323

FEI Number: 20-5367569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORPORATE PARKWAY, SUITE 300  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FRIEDMAN, MICHAEL S  
Address: 1600 SAWGRASS CORP PKWY STE 230  
City-St-Zip: FORT LAUDERDALE, FL 33323

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FRIEDMAN, MICHAEL S  
Address: 1600 SAWGRASS CORP PKWY STE 400  
City-St-Zip: FORT LAUDERDALE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL S. FRIEDMAN

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date