


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

04-30-2007 90037 049 ****50.00

DOCUMENT # L06000083297			
1. Entity Name SLC COMMERCIAL PROPERTY MANAGEMENT LLC			
Principal Place of Business 1100 ST. LUCIE WEST BLVD., SUITE 208 PORT ST. LUCIE, FL 34986		Mailing Address 1100 ST. LUCIE WEST BLVD., SUITE 208 PORT ST. LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box # 6901 NW LTC Parkway Suite, Apt. #, etc.		3. Mailing Address 6901 NW LTC Parkway Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State PORT ST LUCIE FL	
Zip 34986	Country USA	Zip 34986	Country USA

30008306



01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
204126249
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent AULD, JOHN H 5142 SCHOONER OAKS WAY STUART, FL 34997		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
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-STATE-ZIP	MGR AULD, JOHN H 5142 SCHOONER OAKS WAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CHAMBERLIN, JEFFREY 2504 WILLOUGHBY BLVD. STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR NIEMCZYK, CAROLYN 9620 CROOKED STICK LANE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<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.

SIGNATURE:

 John H. Auld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.23.07

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