04-30-2007 90037 049 ****50.00
06-07-2007 90197 003 ****50.00
L06000083297

FILED

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000083297

1. Entity Name
SLC COMMERCIAL PROPERTY MANAGEMENT LLC

2007 MAY 31 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60051631

Returned 6/14/07 gas

Principal Place of Business	Mailing Address
1100 ST.LUCIE WEST BLVD., SUITE 208 PORT ST. LUCIE, FL 34986	1100 ST.LUCIE WEST BLVD., SUITE 208 PORT ST. LUCIE, FL 34986

05242007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6901 NW LTC Parkway	P.O. Box 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE, FL	City & State: STUART, FL
Zip: 34986 Country: USA	Zip: 34995 Country: USA

4. FEI Number 02-0786484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AULD, JOHN H 5142 SCHOONER OAKS WAY STUART, FL 34997	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AULD, JOHN H 5142 SCHOONER OAKS WAY STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHAMBERLIN, JEFFREY<br~~2304 WILLOUGHBY BLVD. 2488~~ STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHAMBERLIN, JEFFREY 2488 SE WILLOUGHBY BLVD. STUART, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NIEMCZYK, CAROLYN 9620 CROOKED STICK LANE PORT ST. LUCIE, FL 34986	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRYAN A. POSTON, JR. 2488 SE WILLOUGHBY BLVD. STUART, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] JEFFREY D. CHAMBERLIN 5/29/07 772-220-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #