

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90174 024 \*\*\*143.75

**DOCUMENT # L06000118213**

1. Entity Name

**COMMERCIAL INTERNATIONAL REAL ESTATE GROUP  
LLC**



Principal Place of Business

225 E. ROBINSON STREET  
SUITE 240  
ORLANDO FL 32801

Mailing Address

225 E. ROBINSON STREET  
SUITE 240  
ORLANDO FL 32801

2. Principal Place of Business - No P.O. Box #

**2049 BIDDLE ALLEY**

3. Mailing Address

**2049 BIDDLE ALLEY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32814**

Country

**ORANGE**

Zip

**32814**

Country

**ORANGE**

4. FEI Number

**06-1801260**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VOLPERT, JUDITH A  
225 E. ROBINSON STREET  
SUITE 240  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **ROBERT SONNTAG MS**

Street Address (P.O. Box Number is Not Acceptable)

**2049 BIDDLE ALLEY**

City

**ORLANDO**

**FL**

Zip Code

**32814**

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

**Robert Sonntag**  
**ROBERT SONNTAG**  
**Robert Sonntag**

**3/6/08**

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **VOLPERT, JUDITH A**  
STREET ADDRESS **225 E. ROBINSON STREET**  
CITY - ST - ZIP **ORLANDO FL 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ROBERT J. SONNTAG**  
STREET ADDRESS **2049 BIDDLE ALLEY**  
CITY - ST - ZIP **ORLANDO, FL 32814**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Robert Sonntag**  
**ROBERT SONNTAG**  
**Mgr. Member**

**3/6/08**  
**407-628-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #