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

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90084 012 ***138.75

DOCUMENT # L06000118460

1. Entity Name

COMMERCIAL INTERNATIONAL MANAGEMENT GROUP LLC

Principal Place of Business	Mailing Address
225 E. ROBINSON STREET #240 ORLANDO FL 32801 US	225 E. ROBINSON STREET #240 ORLANDO FL 32801 US

1st MOORE   CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2049 Biddle Alley	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: 06-1801253 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SONNTAG, ROBERT
225 E. ROBINSON STREET
#240
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: Robert Sonntag
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 DATE: 3/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	SONNTAG, ROBERT	
STREET ADDRESS	225 E. ROBINSON STREET #240	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	MGRM	☐ Delete
NAME	VOLPERT, HOWARD	
STREET ADDRESS	225 E. ROBINSON STREET #240	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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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 3/15/08 407.575.2355

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