

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009667

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** 123-COMMERCIALLOANS.COM LLC

**Current Principal Place of Business:**

1199 S US HWY 1  
SUITE # 5  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

140 MCCLEOD STREET  
SUITE B  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

1199 S US HWY 1  
SUITE # 5  
ROCKLEDGE, FL 32955

**New Mailing Address:**

PO BOX 560441  
ROCKLEDGE, FL 32955

FEI Number: 02-0797840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHANDLER MORTGAGE CORPORATION  
1199 S US HWY 1  
SUITE # 5  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

STEVENS, JACQUELINE MGR  
140 MCCLEOD STREET  
SUITE B  
MERRITT ISLAND, FL 32953 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: JACQUELINE STEVENS

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEVENS, JACQUELINE  
Address: 1199 S US HWY 1 SUITE #5  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STEVENS, JACQUELINE  
Address: 140 MCCLEOD STREET  
City-St-Zip: MERRITT ISLAND, FL 32953

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: JACQUELINE STEVENS

MGR

04/30/2008

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