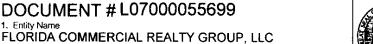
## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**





FILED

Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90125 030 \*\*\*138.75 FLORIDA COMMERCIAL REALTY GROUP, LLC Principal Place of Business Mailing Address 26604 TIM TAM PLACE 26604 TIM TAM PLACE WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3244470 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENNELLA, JOHN A 26604 TIM TAM PLACE Street Address (P.O. Box Number is Not Acceptable) WESLEY CHAPEL, FL 33544 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition PENNELLA: JOHN A NAME NAME STREET ADDRESS 26604 TIM-TAM PLACE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition NAME PENNELLA, PATRICIA A NAME 26604 TIM TAM PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

4-6-08 813-865-419/