

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116208

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: COMMERCIAL REALTY AMERICA, LLC

**Current Principal Place of Business:**

581 S.R. 434, SUITE 02  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

581 S.R. 434, SUITE 02  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 80-0158035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EVERLY, CHARLES B  
581 EAST S.R. 434, SUITE # 02  
LONGWOOD, FL 32750 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: EVERLY, CHARLES B  
Address: 581 EAST SR 434, SUITE # 02  
City-St-Zip: LONGWOOD, FL 32750

Title: MR. ( ) Change (X) Addition  
Name: HOO, MAURICE  
Address: 11120 SW 73 AVE  
City-St-Zip: PINECREST, FL 33156

Title: MR. ( ) Change (X) Addition  
Name: HOO, GREGORY M  
Address: 11120 SW 73 AVE  
City-St-Zip: PINECREST, FL 33156

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: MAURICE HOO

MR

04/30/2008

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