

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000327**

COMMERCE CENTRE, L.C.
2255 W GLADES RD
SUITE 219A
BOCA RATON FL 33431

1a. Principal Place of Business Address
2255 W GLADES RD
SUITE 219A
BOCA RATON FL 33431

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business **SAME**
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified **07/15/1994**
3a. State of Formation **FL**
4. FEI Number **65-0507365**
 Applied For
 Not Applicable
5. Date of Last Report **04/04/1996**
6. Certificate of Status Desired
 SR 75 Additional Fee Required

7. Name and Address of Current Registered Agent
KNIGHT, WILLIAM L
2255 W GLADES RD
SUITE 219A
BOCA RATON FL 33431

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KNIGHT, WILLIAM L	2255 W GLADES RD SUITE 219	BOCA RATON FL
MEM	KNIGHT, WILLIAM L	2255 W GLADES RD	BOCA RATON FL

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JB3-28-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *William L. Knight* **William L. Knight** **Feb 24, 1997** **361-241-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #