

DEC. -29' 00(FRI) 12:29

DEC-29-2000 10:05 AM 5 KNIGHT

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APPROVED AND P.01 FILED P.002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC. -29' 00(FRI) 09:53

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000327
1. Entity Name
 COMMERCE CENTRE, L.C.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 4770 NW Boca Raton Blvd. 4770 NW Boca Raton Blvd.
 Suite C Suite C
 Boca Raton, FL Boca Raton, FL
 Zip 33431 Zip 33431 Country USA Country USA

4. Name and Address of Current Registered Agent
 William L. Knight
 4770 NW Boca Raton Blvd.
 Suite C
 Boca Raton, FL 33431

REINSTATEMENT 1999-2000

DO NOT WRITE IN THIS SPACE

4. FEI Number 650007365 **Applied For** **NOI Applicable**
5. Certificate of Status Desired **\$6.00 Additional Fee Required**
7. Name and Address of New Registered Agent

8. The above named entity swears this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE *William L. Knight* **December 29, 2000**

Make Check Payable to Department of State

9. MANAGING MEMBER / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MEM	NAME William L. Knight	TITLE	NAME
STREET ADDRESS 4770 NW Boca Raton Blvd, Suite C	CITY - ST - ZIP Boca Raton, FL 33431	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 ****200.00 ****200.00

W.L. Knight
 12/29/00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information provided on this report is true and accurate and that my signature shall have the same legal effect as if made under pain of perjury and the penalty for making a false statement to a government official.

SIGNATURE: *William L. Knight* **December 29, 2000**