2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000001378



FILED

May 10, 2006 8:00 am Secretary of State

05-10-2006 90018 004 ****50.00 COMMERCIAL SITE DEVELOPMENT LLC Principal Place of Business Mailing Address 20045573 2152 - 14TH CIRCLE NORTH 2152 - 14TH CIRCLE NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 59-3526315 Not Applicable Zip Country Zip Country \$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 SCHERER III, CLARK H **2152 14TH CIRCLE N** Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG, FL 33713 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 famillar 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 Filing Fee is \$50.00 Que by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR Mar Change TITLE TITLE ☐ Delete Addition AGUIRRE, FRED C SIIS OUD ELLIS POINTE AGUIRRE, FRED C NAME NAME STREET ADDRESS 131 ROSWELL STREET, STE B-1 STREET ADDRESS ALPHARETTA, GA 30004 CITY-ST-ZIP CITY-ST-ZIP ROSWELL MGR SERTICH, LARRY 5115 OLD ELLIS POINTE MGR TITLE ☐ Delete TITLE Change ☐ Addition SERTICH, LARRY NAME NAME STREET ADDRESS 131 ROSWELL STREET, STE B-1 STREET ADDRESS CITY-ST-ZIP ALPHARETTA, GA 30004 CITY-ST-ZIP ROSWELL, Œ TITLE ☐ Delete TITLE (Change ☐ Addition SCHERER, CLARK H III SCHERER, CLARK HIII 2152 14TH CIRCLE NORTH NAME NAME STREET ADDRESS 2152 - 14TH CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33713 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 empowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #