

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002031

1. Entity Name  
COMMERCE CENTER OF CORAL SPRINGS, L.L.C.

FILED  
Apr 25, 2002 8:00 am  
Secretary of State

04-25-2002 90006 001 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1881 UNIVERSITY DRIVE, SUITE 114 CORAL SPRINGS FL 33071	Mailing Address 1881 UNIVERSITY DRIVE, SUITE 114 CORAL SPRINGS FL 33071
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0869969</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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NEIMARK, CORT A 800 CORPORATE DRIVE, SUITE 420 FT. LAUDERDALE FL 33334	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

7. Name and Address of New Registered Agent
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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.

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 \$50.00 Make Check Payable to Department of State Due By May 1, 2002
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9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, HAYES, LAROCHE, INC. 1881 UNIVERSITY DRIVE, SUITE 114 CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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.

*Signature for sole manager  
of business entity*

4/19/02 954.752.3940

SIGNATURE: \_\_\_\_\_

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

Date

Daytime Phone #

CR2E083 (9/01)