

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001990

Entity Name: COMMODORE CAPITAL, LLC

FILED
Aug 07, 2006
Secretary of State

Current Principal Place of Business:

2889 MCFARLANE ROAD
SUITE 2001
COCONUT GROVE, FL 33133

New Principal Place of Business:

3112 COMMODORE PLAZA
COCONUT GROVE, FL 33133

Current Mailing Address:

2889 MCFARLANE ROAD
SUITE 2001
COCONUT GROVE, FL 33133

New Mailing Address:

PO BOX 330808
COCONUT GROVE, FL 33233

FEI Number: 65-0926383 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MICHAEL B
2889 MCFARLANE ROAD
SUITE 2001
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

SMITH, MICHAEL B
1660 S. BAYSHORE COURT
UNIT 402
COCONUT GROVE, FL 33133 US

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:

08/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, MICHAEL B
Address: 2889 MCFARLANE ROAD, #2001
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, MICHAEL B
Address: 1660 S. BAYSHORE COURT, #402
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL B. SMITH

MGR.

08/07/2006

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