

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 011 ****50.00

DOCUMENT # L99000002210

1. Entity Name
FIRST COMMERCIAL DEVELOPMENT, L.L.C.



Principal Place of Business
**2574 S. VOLUSIA AVE
ORANGE CITY, FL 32763**

Mailing Address
**2574 S. VOLUSIA AVE
ORANGE CITY, FL 32763**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



**1019 Town Center Drive
Orange City, Florida 32763**

**1019 Town Center Drive
Orange City, Florida 32763**

3272007 Chg-LLC CR2E083 (12/06)

FEI Number
59-3626403

Applied For
☐ Not Applicable

Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WANAMAKER, JOHN
2574 S. VOLUSIA AVE
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name
Same

1019 Town Center Drive
Orange City, Florida 32763

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

in familiar with, and accept

SIGNATURE *John Wanamaker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WANAMAKER, JOHN
2574 S. VOLUSIA AVE
ORANGE CITY, FL 32763** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *Same* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **1019 Town Center Drive
Orange City, Florida 32763** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE

John Wanamaker

4/4/07

386-775-8633

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

Date

Daytime Phone #