## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900002210



## **FILED** Feb 21, 2003 8:00 am Secretary of State

FIRST C	COMMERCIAL DEVELOPMENT	T, L.L.C.		02-21-2003	90021 004 ****50.00	
Principal Place of Business 102 JAMES POND CT. DEBARY FL 32713		Mailing Address 102 JAMES POND CT. DEBARY FL 32713				
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>		
City & State		City & State		4. FEI Number 59-3626403 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable  \$5.00 Additional	
	6. Name and Address of Curren	t Registered Agent	<del></del>		Fee Required	
1414		Registered Agent	Name	7. Name and Address of New R	egistered Agent	
WANAMAKER, JOHN			Ivanie	reams		
	2 James Pond Ct. Bary FL 32713		Street Addre	ss (P.O. Box Number is Not Acceptable	)	
			City			
8. The above	e named entity submits this statement for	or the purpose of changing it	1 1	stered agent, or both, in the State of Flo	FL Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent					
	s, spee of printed hamb of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE	
3		FILE N	OW!!! FEE IS \$50.0	0		
_		Make Check Payab	ie to Florida Departn	nent of State	1	
<u> </u>		Du	e By May 1, 2003		<b> </b>	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/	CHANGES	
TITLE	MGR	☐ Delete	TITLE	ADBITIONS/		
NAME	WANAMAKER, JOHN		NAME		☐ Change ☐ Addition	
STREET ADDRESS	102 JAMES POND CT.		STREET ADDRESS		<b>!</b> :	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	<u> </u>		
NAME			NAME		☐ Change ☐ Addition 2	
Street address City-St-Zip			STREET ADDRESS			
			CITY-ST-ZIP			
TITLE		☐ Delete	- TITLE -	The state of the s	Change C Addition	
NAME STREET ADDRESS			NAME		☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS	_		
			CITY-ST-ZIP			
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TREET ADDRESS			NAME		☐ Change ☐ Addition	
ITY-ST-ZIP			STREET ADDRESS			
		<u> </u>	CITY-ST-ZIP			
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TREET ADDRESS	* *	• • • • • • • • • • • • • • • • • • • •	NAME	• • • •	Colonide C Modifiliti	
TY-ST-ZIP			STREET ADDRESS		İ	
TLE			CITY-ST-ZIP.			
AME		☐ Delete	TITLE		☐ Change ☐ Addition	
REET ADDRESS			NAME			
TY-ST-ZIP			STREET ADDRESS		ļ	
	rtify that the information		CITY-ST-ZIP		1	
indicated or	rtify that the information supplied with the his report is true and accurate and the fifth company or the receivers.	nis filing does not qualify for that have the	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that the information	

to execute this report as required by Chapter 608, Florida Statutes. (3867775 SIGNATURE John WANAMAKEN MAMBER 2-17-63