2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000002931

1. Entity Name
COMMERCIAL DEVELOPMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
5901 SW 74TH STREET, SUITE 407 MIAMI, FL 33143	5901 SW 74TH STREET, SUITE 407 MIAMI, FL 33143

04062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0925748
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY A
5901 SW 74TH STREET
SUITE 407
MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000114500
04/15/04-80052-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BROWN, GARY A
STREET ADDRESS	5901 SW 74TH STREET, SUITE 407
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	MGR
NAME	MILGRAM, MARC
STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 550
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ GARY BROWN 4/14/04 (305) 662-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #