

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000002931</b>		
1. Entity Name COMMERCIAL DEVELOPMENT ASSOCIATES, LLC		
Principal Place of Business 12602 N KENDALL DRIVE MIAMI, FL 33186		Mailing Address 12602 N KENDALL DRIVE MIAMI, FL 33186
<b>DO NOT WRITE IN THIS SPACE</b>		
01132006No Chg-LLC CR2E083 (11/05)		
4. FEI Number 65-0925748		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  BROWN, GARY A 5901 SW 74TH STREET SUITE 407 MIAMI, FL 33143		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROWN, GARY A 5901 SW 74TH STREET, SUITE 407 MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILGRAM, MARC 5201 BLUE LAGOON DR., SUITE 550 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		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/16/06</u> Daytime Phone # <u>305-662-8999</u>