

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003228

1. Entity Name
COMMERCIALONE REAL ESTATE, L.L.C.

01 APR 24 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7500 SKIPPER LANE
TALLAHASSEE FL 32311

Mailing Address
P.O. BOX 16106
TALLAHASSEE FL 32317



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number
59-3583592

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WOLFARTH, RICHARD
7500 SKIPPER LANE
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004161953--4
-05/08/01--01058--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFARTH, RICHARD H 7500 SKIPPER LANE TALLAHASSEE FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard Wolfarth RICHARD WOLFARTH 4/20/01 (PSO) 599-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

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