## **FILED** 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # L99000004884 ORMOND BEACH COMMERCIAL PROPERTIES, L.L.C. Principal Place of Business Mailing Address 90 FANNY ROAD 90 FANNY ROAD BOONTON, NJ 07005 **BOONTON, NJ 07005** 01232006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3676229 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** FRANKS, RONALD 1203 US HWY 1 ORMOND BEACH, FL 32174 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 tamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 1000000432317 Filing Fee is \$50.00 Due by May 1, 2006 02/23/06-80064-010 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FRANKS, RONALD NAME STREET ADDRESS 90 FANNY ROAD CITY-ST-ZIP BOONTON, NJ 07005 TITLE NAME STREET ADDRESS CITY-ST-70P STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CHTY-ST-ZIP TITCE NAME

11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee, empowered to execute this report as required by Chapter 603, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP