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

## DOCUMENT # L9900005977

1. Entity Name



04-21-2003 90120 016 \*\*\*\*50.00

**FILED** 

Apr 21, 2003 8:00 am Secretary of State

| COMMERCE ROAD REALTY CO<br>OMPANY                         | DMPANY LIMITED LIABILITY C                                |  |  |  |
|---|---|--|--|--|
| Principal Place of Business                               | Mailing Address   |  |  |  |
| 170 COMMERCE ROAD, UNIT #1<br>BOYNTON BEACH FL 33426-9364 | 170 COMMERCE ROAD. UNIT #1<br>BOYNTON BEACH FL 33426-9364 |  |  |  |
| 2. Principal Place of Business                            | 3. Mailing Address  |  |  |  |

| NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   |  |  |                                |                            |  |  |          |                  |
|--|--|--|--------------------------------|----------------------------|--|--|----------|------------------|
| Suite. Apt. #. etc.   Check HisRe IF Making CHANGES   City & State   City & State   City & State   A. Fill Number   65-051388   Applicable   Delive   A. Fill Number   Address of Current Registered Agent   Delive   Address of Current Registered Agent   Delive   Address of New Registered Agent   Delive   Address of New Registered Agent   Delive   Address of Number is Not Acceptable)   Delive   FL   Zip Code   De | 170 COMMERCE ROAD, UNIT #1 170 COMMERCE ROAD, UNIT |  |                                |                            | ; (ERI)EN, OJE (BUS 1811) ORLA BRITA COM OSMY COMO DIVIS 1841 1881 1881 1881 |  |          |                  |
| City & State  Country  Country  Country  Country  So. Certificate of Status Desired  So. On Address of Current Registered Agent  To. Name and Address of New Registered Agent  To. Name and Address of New Registered Agent  Name  SwiLLEY, TIMOTHY W  10300 PRESTWICK ROAD  BOYNTON BEACH FL 33436  City  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Signature  Signature  Signature  Signature  Mark Check Payable to Florida Department of State  Due By May 1, 2003  Make Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003  MARK Check Payable to Florida Department of State  Due By May 1, 2003   | Principal Place of Business     3. Mailing Address |  |                                |                            |  |  |          |                  |
| Zip Country Zib Country  | Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.            | F                          | ☐ CHECK HERE IF MAKING   |  |          | GES              |
| Zip Country Zip Country Zip Country 6. Certificate of Status Desired   | City & Star  | te   | City & State                   |                            |  |  |          | <del></del>      |
| SWILEY, TIMOTHY W 10300 PRESTNICK ROAD BOYNTON BEACH FL 33436  6. The above named dritty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Portida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE    Display.or. (upper or printed name of registered agent and titler approache.)    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Plorida Department of State   | Zip  | Country  | Zip                            | Country                    | 5. Certifica   | ite of Status Desired  |          | Additional       |
| SWILLEY, TIMOTHY W 10300 PRESTWICK ROAD BOYNTON BEACH FL 33436  City FL Zip Code  Ci | · · · · · · · · · · · · · · · · · · ·              | 6. Name and Address of Current                     | Registered Agent               | <del>'</del>               | 7. Name a  | nd Address of New Regi   |          |                  |
| 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   Synature   Synat | SWILLEY, TIMOTHY W<br>10300 PRESTWICK ROAD         |  |                                | Name                       |  |  |          |                  |
| THE NAME CLARK, JAMES K CLARK, JAMES K CLARK, JAMES CUTY-ST-ZIP LAKE WORTH FL 33467  TITLE NAME STREET ADDRESS CUTY-ST-ZIP LITLE NAME STREET ADDRESS CUTY-ST-ZIP STREET |  | en e           |                                | City                       | <del></del>  |  | FL Zip ( | Code             |
| S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE SWILLEY, TIMOTHY W 10300 PRESTWICK ROAD STREET ADDRESS OUTY-ST-ZIP  BOYNTON BEACH FL 33436 TITLE NAME STREET ADDRESS OUTY-ST-ZIP  CLARK, JAMES K STREET ADDRESS OUTY-ST-ZIP  TITLE NAME STREET ADDRESS OUTY-ST-ZIP  TO Change Addition NAME STREET ADDRESS OUTY-ST-ZIP   | the obligat  | tions of registered agent.                         | and title if applicable. (NOTE | E: Registered Agent signat | ure required when reinstating)   | ooth, in the State of Florida  |          | rith, and accept |
| MGRM   Delete   TITLE   NAME   SVILLEY, TIMOTHY W   SVILLEY, TAP   Delete   TITLE   NAME   SVILLEY, TAP   Delete   TITLE   TITLE   DELETADORESS   TITLEY, TAP   DELETADORESS   T   |  |  | •                              |                            |  |  |          |                  |
| NAME SIRET ADDRESS CITY-ST-ZIP  SWILLEY, TIMOTHY W 10300 PRESTWICK ROAD BOYNTON BEACH FL 33436  CITY-ST-ZIP  MGRM CLARK, JAMES K 7005 OAKSHIRE GOURT LAKE WORTH FL 33467  CITY-ST-ZIP  TITLE NAME SIRET ADDRESS  | 9.   |  | RS/MANAGERS                    | 10.                        |  | ADDITIONS/CH   | IANGES   |                  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | name<br>Street address                             | SWILLEY, TIMOTHY W<br>10300 PRESTWICK ROAD         | Delete                         | NAME<br>STREET ADDRESS     | <u></u>  | masa ang mga ng mga | Chan     | ge Addition      |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                             | CLARK, JAMES K<br><del>-7005 OAKSHIRE COURT-</del> | Delete .                       | NAME<br>STREET ADDRESS     | 6786 W   | .CALUMET   | • •      | ·                |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                             |  | ☐ Delete                       | NAME<br>STREET ADDRESS     |  |  | ☐ Chan   | ge Addition      |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | NAME<br>STREET ADDRESS                             | ·  | ☐ Delete                       | NAME<br>STREET ADDRESS     | -  |  | ☐ Chan   | ge 🔲 Addition    |
| NAME STREET ADDRESS STREET ADDRESS   | NAME<br>Street address                             |  | ☐ Delete                       | NAME<br>STREET ADDRESS     |  |  | ☐ Chan   | ge [] Addition   |
|  | name<br>Street address                             |  | Delete                         | NAME<br>STREET ADDRESS     |  | - 54.4.72.0  | ☐ Chan   | ge [] Addition   |

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:** SIGNATURE AND TYPEQ O

MNATUR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #