

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001482

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** FLORIDA COMMERCIAL PROPERTIES, LLC

**Current Principal Place of Business:**

2875 UNIVERSITY PKWY  
LAWRENCEVILLE, GA 300436752

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1565  
LAWRENCEVILLE, GA 30046

**New Mailing Address:**

**FEI Number:** 56-2350144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEWATT, MARVIN K  
Address: 2875 UNIVERSITY PKWY  
City-St-Zip: LAWRENCEVILLE, GA 300436752

Title: MGR ( ) Delete  
Name: MOON, SCOTT A  
Address: 2875 UNIVERSITY PKWY  
City-St-Zip: LAWRENCEVILLE, GA 300436752

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT A MOON

MGR

01/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date