


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000000622</b> 1. Entity Name AEGIS COMMERCIAL REAL ESTATE, LLC	
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Principal Place of Business 804 NORTH POKEBERRY PLACE JACKSONVILLE, FL 32259	Mailing Address 804 NORTH POKEBERRY PLACE JACKSONVILLE, FL 32259
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**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2112324	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HECTOR, ERIK G 804 NORTH POKEBERRY PLACE JACKSONVILLE, FL 32259
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**DO NOT WRITE  
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 familiar with, and accept the obligations of registered agent.

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


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HECTOR, ERIK G 804 NORTH POKEBERRY PLACE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HECTOR, DEBORAH L 804 NORTH POKEBERRY PLACE JACKSONVILLE, FL 32259
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U000000571885  
07/25/06-80007-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **7/20/06** **904-287-8008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #