2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001731

1. Entity Name
CBA COMMERCIAL, LLC

Principal Place of Business	Mailing Address
695 MAIN STREET STAMFORD, CT 06901	695 MAIN STREET STAMFORD, CT 06901

01032006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2457438
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

000000502953
04/25/06-80107-022 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CHESLOCK, STANLEY V
STREET ADDRESS	309 TACONIC ROAD
CITY-ST-ZIP	GREENWICH, CT 06931
TITLE	C
NAME	KOMPERDA, WILLIAM K
STREET ADDRESS	36 CROFTS LANE
CITY-ST-ZIP	STAMFORD, CT 06903
TITLE	MGRM
NAME	BAKKER, PAUL M
STREET ADDRESS	1313 SMILER RIDGE ROAD
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	MGRM
NAME	GRUTMAN, SASHA
STREET ADDRESS	260 WEST BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	MGRM
NAME	BROWN, JAMES
STREET ADDRESS	276 CRABAPPLE ROAD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	MGRM
NAME	MIRRO, RICHARD A
STREET ADDRESS	12360 S. PLEASANT GROVE RD.
CITY-ST-ZIP	FLORAL CITY, FL 36509

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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: KENT S. NEVINS 1/5/06 203-548-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #