

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001780

FILED
Feb 19, 2008
Secretary of State

Entity Name: COMMERCIAL ENTITIES LLC

Current Principal Place of Business:

2707 REW CIRCLE
OCOEE, FL 34761 US

New Principal Place of Business:

2707 REW CIRCLE
OCOEE, FL 34761 US

Current Mailing Address:

2707 REW CIRCLE
OCOEE, FL 34761 US

New Mailing Address:

2707 REW CIRCLE
OCOEE, FL 34761 US

FEI Number: 20-2576747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DARAND
11954 PROVINCIAL WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

WILLIAMS, DARAND
2707 REW CIRCLE
OCOEE, FL 34761 US

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: DARAND WILLIAMS

02/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, DARAND
Address: 11954 PROVINCIAL WAY
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: WILLIAMS, DARYL
Address: 11954 PROVINCIAL WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WILLIAMS, DARAND
Address: 2707 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: MGR (X) Change () Addition
Name: WILLIAMS, DARYL
Address: 2707 REW CIRCLE
City-St-Zip: OCOEE, FL 34761

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: DARAND WILLIAMS

MGR

02/19/2008

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