
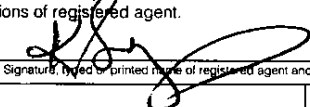



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 006 ****50.00

DOCUMENT # M05000005906 1. Entity Name COMMONS SOUTH (DELAWARE), LLC					
Principal Place of Business 120 EAST PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432				Mailing Address 120 EAST PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394		4. FEI Number 03062007 Chg-LLC CR2E083 (12/06) 20-3737111	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMIGRAM, KENNETH H 120 EAST PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Simigram, Kenneth H. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza Suite 102 City Ft. Lauderdale FL Zip Code 33394		
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  DATE 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTON COMMONS, LTD. 120 EAST PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4-17-07 Daytime Phone # (954) 616-1113		