


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90226 003 ***143.75

DOCUMENT # M06000005755			
1. Entity Name COMMERCIAL PROPERTIES REALTY TRUST LLC			
Principal Place of Business 300 E. LOMBARD ST. BALTIMORE, MD 21202		Mailing Address 300 E. LOMBARD ST. BALTIMORE, MD 21202	
2. Principal Place of Business - No P.O. Box # 5630 Bankers Ave		3. Mailing Address 5630 Bankers Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Baton Rouge, La.		City & State Baton Rouge, La.	
Zip 70808	Country USA	Zip 70808	Country USA
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON, C. CAMMACK 5630 BANKERS AVE. BATON ROUGE, LA 70808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John G. Davies 5630 Bankers Ave Baton Rouge, Louisiana 70808 <input type="checkbox"/> Change <input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John G. Davies
John G. Davies

3/3/08
3/3/08

225/924-2406
225/924-2406