

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000827

FILED  
Jul 19, 2004  
Secretary of State

**Entity Name:** COMMERCIAL REAL ESTATE ADVISORS, LLC

**Current Principal Place of Business:**

3595 GRANDVIEW PARKWAY, SUITE 400  
BIRMINGHAM, AL 35243

**New Principal Place of Business:**

**Current Mailing Address:**

3595 GRANDVIEW PARKWAY, SUITE 400  
BIRMINGHAM, AL 35243

**New Mailing Address:**

P.O. BOX 43250  
BIRMINGHAM, AL 352433250

**FEI Number:** 63-1237745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GORECKI, JOHN C  
Address: 3595 GRANDVIEW PARKWAY, SUITE 400  
City-St-Zip: BIRMINGHAM, AL 35243

Title: MGR ( ) Delete  
Name: WALTERS, PATRICK A  
Address: 3595 GRANDVIEW PARKWAY, SUITE 400  
City-St-Zip: BIRMINGHAM, AL 35243

Title: MGR ( ) Delete  
Name: LAWLEY, MICHAEL A  
Address: 15 SOUTH 20TH STREET, SUITE 1305  
City-St-Zip: BIRMINGHAM, AL 35233

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN C GORECKI

MGR

07/19/2004

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