
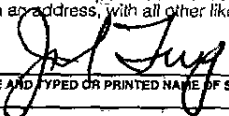


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000014301</b>		
1. Entity Name <b>FIRST COMMERCIAL REALTY, INC.</b>		
Principal Place of Business <b>1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>		Mailing Address <b>1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02172005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0083212</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>LEVY, JOEL 1400 N.W. 107TH AVENUE MIAMI, FL 33172</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	<b>U00000346361 04/30/05-80097-007 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 NW 107TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DEV	
NAME	LEVY, JOEL	
STREET ADDRESS	1400 NW 107TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DST	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ARRIZURIETA, LUIS	
STREET ADDRESS	1400 NW 107TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	AS	
NAME	ADLER, LINDA K	
STREET ADDRESS	1400 NW 107TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	CEO	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 NW 107TH AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	AS	
NAME	LEVY, JOEL	
STREET ADDRESS	1400 N.W. 107TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33172	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Joel Levy Executive Vice President 4/15/05 (305) 392-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #