

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -6 AM 11:39

DOCUMENT # A04000001487

1. Entity Name
COMMERCIAL DEVELOPMENT PARTNERS, LTD.



Principal Place of Business
% COMMERCIAL DEVELOPMENT PARTNERS, INC.
2460 SW 137TH AVE., SUITE 238
MIAMI, FL 33175

Mailing Address
% A&A REGISTERED AGENT, INC.
~~2460 SW 137TH AVE., SUITE 221~~
MIAMI, FL 33175

2. Principal Place of Business

3. Mailing Address

4551 Ponce de Leon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062005 Chg-LP CR2E003 (10/03)

City & State

City & State

Coral Gables, FL

4. FEI Number 20-1627164

Applied For
Not Applicable

Zip

Country

Zip

Country

33146 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A&A REGISTERED AGENT, INC.
~~2460 SW 137TH AVE., SUITE 221~~
MIAMI, FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

4551 Ponce de Leon Blvd.

City

Miami

FL

Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$9,000.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P04000130591
NAME COMMERCIAL DEVELOPMENT PARTNERS, INC.
STREET ADDRESS 2460 SW 137TH AVE., SUITE 238
CITY-ST-ZIP MIAMI, FL 33175

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE