2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001487

1. Entity Name
COMMERCIAL DEVELOPMENT PARTNERS, LTD.

FILED
06 MAY -1 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04262006 Chg-LP CR2E003 (11/05)

Principal Place of Business	Mailing Address
% COMMERCIAL DEVELOPMENT PARTNERS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	4551 PONCE DE LEON CORAL GABLES, FL 33146

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-1627164 ☐ Applied For ☐ Not Applicable

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.~~ ~~4551 PONCE DE LEON BL~~VD ~~MIAMI, FL 33146~~	Name: Carmen L. Ochoa Street Address (P.O. Box Number is Not Acceptable): 2460 SW 137 Ave, Suite 238 City: Miami FL Zip Code: 33175

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] 4/28/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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	STREET ADDRESS	
NAME	COMMERCIAL DEVELOPMENT PARTNERS, INC.		
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	400074660284
NAME			
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STAPLE CHECK HERE

14. 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 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] 4/28/06 (305) 221-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #