

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000001487 1. Entity Name COMMERCIAL DEVELOPMENT PARTNERS, LTD.	
--	---

FILED

2007 APR 30 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % COMMERCIAL DEVELOPMENT PARTNERS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175		Mailing Address 4551 PONCE DE LEON CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2460 SW 137 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 238	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33175	USA

04122007 Chg-LP CR2E003 (12/06)

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	
OCHOA, CARMEN L 2460 SW 137 AVE SUITE 238 MIAMI, FL 33175	

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

[Signature]

04/20/2007

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.	CITY-ST-ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	400101855324
NAME		CITY-ST-ZIP	05/09/07--01042--021 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/20/2007 305-221-1515

Date Daytime Phone #