2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001487

1. Entity Name
COMMERCIAL DEVELOPMENT PARTNERS, LTD.

Principal Place of Business	Mailing Address
% COMMERCIAL DEVELOPMENT PARTNERS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	% COMMERCIAL DEVELOPMENT PARTNERS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232008 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, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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	000000931542 05/22/08--80023--004 500.00
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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] 04/24/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #