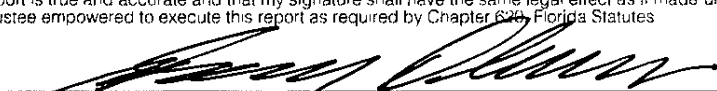


FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001487		SECRETARY OF STATE APR 23, 2008 08:00 Secretary of State	
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 % COMMERCIAL DEVELOPMENT PARTNERS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		04232008 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 20-1627164 Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OCHOA, CARMEN L 2460 SW 137 AVE SUITE 238 MIAMI, FL 33175		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
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.	CITY-ST-ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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 626, Florida Statutes.			
SIGNATURE:		04/24/2008	
			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	