


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED  
Feb 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A96000001793**  
1. Entity Name  
**KEISER COMMONS ASSOCIATES, LTD.**



Principal Place of Business: **226 N. DUVAL TALLAHASSEE FL 32301**  
Mailing Address: **P.O. BOX 13633 TALLAHASSEE FL 32317**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

1st MOORE CR2E003 (10/05)  
4. FEI Number: **59-3417806**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent  
**RUDNICK, JAMES M  
226 N. DUVAL  
TALLAHASSEE FL 32301**

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.  
**000000445453  
03/07/06 30047-001 500.00**  
DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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

DOCUMENT #	P96000078910
NAME	RUDNICK COMMONS CORPORATION
STREET ADDRESS	410 OFFICE PLAZA
CITY-ST-ZIP	TALLAHASSEE FL 32317
DOCUMENT #	P96000078903
NAME	KEISER COMMONS CORP.
STREET ADDRESS	1600 N.W. 49TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date: **2/22/06**  
Operating Phone #