


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 04, 2008 08:00 A.
Secretary of State

DOCUMENT # A96000001793 1. Entity Name KEISER COMMONS ASSOCIATES, LTD.	
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Principal Place of Business 226 N. DUVAL TALLAHASSEE FL 32301	Mailing Address P.O. BOX 13633 TALLAHASSEE FL 32317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E003 (10/07)

6. 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
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4. FEI Number 59-3417806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 office if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000078910	STREET ADDRESS	
NAME	RUDNICK COMMONS CORPORATION	CITY-ST-ZIP	04/16/08-80022-004 500.00
STREET ADDRESS	410 OFFICE PLAZA		
CITY-ST-ZIP	TALLAHASSEE FL 32317		
DOCUMENT #	P96000078903	STREET ADDRESS	
NAME	KEISER COMMONS CORP.	CITY-ST-ZIP	
STREET ADDRESS	1600 N.W. 49TH STREET		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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:  **3/11/08** **850-671-1999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #