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

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000000391

1. Entity Name

COMMERCE WAY, LTD.

Principal Place of Business	Mailing Address
2300-2320 S. AIRPORT BLVD. SANFORD FL 32771	P.O. BOX 940877 MAITLAND FL 32794-0877

1st MOORE CR2E003 (10/07)

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

4. FEI Number 59-3603108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIEFFRDECKER, HOWARD 1605 KING ARTHUR CIRCLE MAITLAND FL 32751	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 title 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 #	L28451	STREET ADDRESS	
NAME	SDP INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE		U00000901623
CITY-ST-ZIP	MAITLAND FL 32751		04/29/08-80074-012 500.00
DOCUMENT #	L79712	STREET ADDRESS	
NAME	SOS REALTY CORP.	CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE		
CITY-ST-ZIP	MAITLAND FL 32751		
DOCUMENT #		STREET ADDRESS	
NAME	RED BAY PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	117 RED BAY DRIVE		
CITY-ST-ZIP	LONGWOOD FL 32779		
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			

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: HOWARD SCHIEFFRDECKER 4/12/08 (407)702-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #