

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 02-0629977 Applied For Not Applicable

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

**DOCUMENT # A02000000807**

1. Entity Name  
**WESTON COMMONS, LTD.**



Principal Place of Business  
**120 E. PALMETTO PARK RD., SUITE 410  
BOCA RATON, FL 33432**

Mailing Address  
**120 E. PALMETTO PARK RD., SUITE 410  
BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #  
**One Financial Plaza**

Suite, Apt. #, etc.  
**Suite 102**

City & State  
**Ft. Lauderdale FL**

Zip  
**33394**

Country  
**USA**

3. Mailing Address  
**One Financial Plaza**

Suite, Apt. #, etc.  
**Suite 102**

City & State  
**Ft. Lauderdale FL**

Zip  
**33394**

Country  
**USA**

6. Name and Address of Current Registered Agent

**SIMIGRAN, KENNETH H  
120 E. PALMETTO PARK RD., SUITE 410  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name  
**Simigran, Kenneth H.**

Street Address (P.O. Box Number is Not Acceptable)  
**One Financial Plaza**

Suite  
**Suite 102**

City  
**Ft. Lauderdale FL**

Zip Code  
**33394**

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 **4-17-07**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	P02000050374	STREET ADDRESS	<b>One Financial Plaza, Suite 102</b>
NAME	WESTON COMMONS, INC.	CITY-ST-ZIP	<b>Ft. Lauderdale FL 33394</b>
STREET ADDRESS	120 E. PALMETTO PARK RD., SUITE 410		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 620, Florida Statutes

SIGNATURE: DATE **4-17-07** DAYTIME PHONE # **(954) 616-1113**

STAPLE CHECK HERE