2004 LIMITED PARTNERSHIP ANNUAL REPORT

•	Due By M	ay 1, 2004					7		
DOCUI	OCUMENT # A0200000859							- 1	
1. Entity Name					(,_ \$\display \display \displine \display \display \display \display \display \display \displa	5-5	
COMMONS NORTH, LTD.					04	APR 27 F	M 3: 09	j	
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•	e of Business	Mailing Address			TÀI		EFCORIDA	١`	HI.BR
150 E. PALMETTO PARK RD., STE. 401 150 E. PALMETTO PARK I BOCA RATON, FL 33432 BOCA RATON, FL 33432				TE. 401	1175				144.00
DOOK ION ON	1	Door Wildin, 12 3343	, <u>,</u>			H a Han Bani Ban a t		9 010) 0 4140 (04104	i Ri ippi
Principal Place of Business 3. Mailing Address									
·						JIZ IISII BBIII BBIII BB	fili aani seni aara	(818) 81618 (818)	1 03 10 64
Suite, Apt. #, etc. Suite, Apt. #, etc.					04202004	Chg-LP	CR2E003	3 (10/03)	1/27
City & State		City & State	City & State		4. FEI Number APPLIED	EUD.			lied For Applicable
Zip 11 Country		Zip Coun		try	5. Certificate of			8.75 Additio	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New		ent	
	4			Name					
SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., STE. 401				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432									
				City				Zip Code	
A 71	1 100			,			FL	_	
the obligat	named entity/submits this statement for ions of registered agent.	r the purpose of changing its	registere	ea office or register	red agent, or both,	in the State of F	iorida. I am tar	niliar with, ar	id accept
SIGNATURE -	a sin/								
O Comital Co.	Signature, typed or printed name of registered agent		ol Combrib			T	DATE		
9. Capital Col as Shown of		10. Amount of Capita in FLORIDA to da		outions					
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TIŢY M	UST BE REGIS	TERED AND AC	TIVE WITH T	HIS OFFICE.		
12.	NOTE: General Partners MA GENERAL PARTNER		13.			ADDBERG OL	JANGES ONLY		
DOCUMENT #	L02000014917			ET ADDRESS 150 E	. PALMET	TO PARK I	ROAD, 43		,
NAME STREET ADDRESS	COMMONS NORTH, LLC 150 E. PALMETTO PARK RD., STE. 401			BOC	A RATON, I	<u>/L 33432</u>			
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY	-ST-ZIP					
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	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in Se	action 119.07(3)(i),	Florida Statutes	. I further certify	that the info	ormation

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 DM

SIGNATURE:

SIGNATURE AND APPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #