

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000859 1. Entity Name COMMONS NORTH, LTD.			
Principal Place of Business 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432		Mailing Address 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432	
2. Principal Place of Business Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD SUITE 410		3. Mailing Address Suite, Apt. #, etc. 120 E. PALMETTO PARK ROAD SUITE 410	
City & State BOCA RATON, FL 33432		Country USA	
Zip 33432		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent PLEASE NOTE OUR NEW ADDRESS: 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 FL	
8. The above named entity submits this statement for the purpose of changing its registered office (as provided for in both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent.			
SIGNATURE: DATE: _____			
9. Capital Contributions as Shown on record. \$7,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000014917 COMMONS NORTH, LLC 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	PLEASE NOTE OUR NEW ADDRESS: 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	000054348730 05/13/05--01002--018 **150.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Daytime Phone #	

STAPLE CHECK HERE