2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

HERE

CHECK

STAPL

FILED **DOCUMENT # A02000000859** 06 MAY -1 PH 2: 36 COMMONS NORTH, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 120 E. PALMETTO PARK RD., STE. 410 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 CR2E003 (11/05) 4. FEI Number 74-309 0 6 7 0 APPLIED FOR City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMIGRAN, KENNETH H Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432 City Zip Code 8. The above named entity submits thit statement or 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 4 28/06 ed agent and title if applicable FILE NOWIII FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L02000014917 DOCUMENT # STREET ADDRESS COMMONS NORTH, LLC STREET ADDRESS 120 E. PALMETTO PARK RD., STE. 410 CITY-ST-7IP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 300075017673 05/22/06 01020 009 **500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

AND THE OR PRINTED NAME OF SIGNING GENERAL PARTNER