2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Due By May 1, 2007			FILED
DOCUMENT # A0200000859			
1. Entity Name COMMONS NORTH, LTD.			2007 APR 30 AM 9: 21
Principal Place of Business 120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432	Mailing Address 120 E. PALMETTO PARK RD., BOCA RATON, FL 33432	STE. 410	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business - No P.O. Box #	2 Mallian Addison		
One Financial Plaza One Financial		Plaza	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03062007 Chg-LP CR2E003 (12/06)
City & State Ft. Laudordale Ft	City & State Fe. Low der do	le FL	4. FEI Number Applied For 74-3090670 Not Applicable
Zip Country 33394 USA	Zip Cou		Certificate of Status Desired
6. Name and Address of Current	7.7	1	7. Name and Address of New Registered Agent
SIMIGRAN, KENNETH H			nigran, Kenneth H
120 E. PALMETTO PARK RD., STE. 410 BOCA RATON, FL 33432		Street Address (P.O. Box Number is Not Acceptable)
		City	Zip Code
8. The above named entity submits this statement to	r the purpose of changing its register	1 tt	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registrefee agent			
SIGNATURE Signature, typed or printed reuse of egistered agent and title if applicable. DATE			9-17-07 DATE
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 PARTNEF DOCUMENT # L02000014917			ADDRESS CHANGES ONLY
NAME COMMONS NORTH, LLC		EET ADDRESS	Ine Financial Plaza Jule 102
STREET ADDRESS 120 E. PALMETTO PARK RD., S CITY-ST-ZIP BOCA RATON, FL 33432	TE. 410	Y-ST-ZIP	t. Landrdola Fe 3339V
DOCUMENT #	STF	REET ADDRESS	100102855611 95/14/0701071007 ***\$00.00
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CITY-ST-ZIP	CIT	Y-ST-ZIP	
DOCUMENT / NAME	STF	REET ADORESS	
STREET ADDRESS CITY-ST-ZIP		Y-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			
V_{λ}			
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING GENERAL PARTN	IER	4-1707 (954) 616-1113 Dayline Phone #