

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 25 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000860 1. Entity Name COMMONS SOUTH, 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.		3. Mailing Address Suite, Apt. #, etc.	
City & State 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432		4. FEI Number APPLIED FOR	
Zip BOCA RATON, FL 33432		Country 	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For 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 Name PLEASE NOTE OUR NEW ADDRESS: Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD SUITE 410 City BOCA RATON, FL 33432 FL Zip Code (561) 394-7400	
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 _____ Signature, typed or printed name of registered agent and title if applicable.			
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. PLEASE NOTE OUR NEW ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COMMONS SOUTH, LLC 150 E. PALMETTO PARK RD., STE. 401 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432 (561) 394-7400
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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: DATE _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE