2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A02000000860 **DOCUMENT #**



03 APR 28 AN 9: 28 SEGNILLAR LOFTSTAME

1. Entity Name COMMONS SOUTH, LTD.

			İ	A SET SE	ALECTION OF THE ORION		
Principal Place of Business 150 E. PALMETTO PARK RD STE. 401 BOCA RATON FL 33432 Mailing Address 150 E. PALMETTO PARK RD BOCA RATON FL 33432			RD., STE. 4	401		ER BISSI FOST 1686	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Stat	e	City & State			1	Applied For Not Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired \$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
CINIODANI VENNETLI LI				Name			
SIMIGRAN, KENNETH H			}	Street Address (P.O. Box Number is Not Acceptable)			
150 E. PALMETTO PARK RD., STE. 401			Ļ	discertación (ne. control to technocia)			
BOCA RATON FL 33432			j	•		ļ	
			<u> </u>	City	FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or register	ered agent, or both, in the State of Florida. I am familiar with	h, and accept	
the obligat	ions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date				utions	11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
					TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION 1					ADDRESS CHANGES ONLY		
DOCUMENT #	COMMONS SOUTH, LLC 150 E. PALMETTO PARK RD., STE. 401						
NAME				TREET ADDRESS			
STREET ADDRESS				ST-ZIP	150 Comprain		
CITY-ST-ZIP	BOCA RATON FL 33432		- Calli-S	51~21F	150 By Sales to Back Rd #401		
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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

CITY-ST-ZIP

SIGNATURE: \(\(\)

SIFICE CHECK FIERE

NAME STREET ADDRESS

CITY-ST-ZIP