

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

DOCUMENT # A03000000464

1. Entity Name
 COMMONWEALTH PLAZA, LTD.



Principal Place of Business
 5111 S. RIDGEWOOD AVE., SUITE 300
 PORT ORANGE, FL 32127

Mailing Address
 P.O. BOX 238071
 PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 5111 South Ridgewood Avenue

(A03000000464L)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Suite 300

01112008 Chg-LP CR2E003 (12/06)

City & State

City & State
 Port Orange, Florida

4. FEI Number
 05-0566256

Applied For
 Not Applicable

Zip Country

Zip Country
 32127 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, ANDREW D
 5111 S. RIDGEWOOD AVE., SUITE 300
 PORT ORANGE, FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M98199
 NAME CLARK PROPERTIES CORPORATION
 STREET ADDRESS 5111 S. RIDGEWOOD AVE., SUITE 300
 CITY-ST-ZIP PORT ORANGE, FL 32127

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAMPLE CHECK HERE