



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A04000000206		
1. Entity Name LWR COMMONS, LTD.		

Principal Place of Business 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309	Mailing Address 1900 W. COMMERCIAL BLVD., SUITE 200 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAY 24 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0735374	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 EAST BROWARD BLVD., SUITE 1950
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name _____

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

City _____

FL Zip Code 33394

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.

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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000021571	STREET ADDRESS	600103637156
NAME	KEENAN LWR COMMONS, INC.	CITY-ST-ZIP	06/01/07--01006--001 **500.00
STREET ADDRESS	1900 W. COMMERCIAL BLVD., SUITE 200		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
DOCUMENT #	P04000021563	STREET ADDRESS	
NAME	KEISER LWR COMMONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1900 W. COMMERCIAL BLVD., SUITE 175		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: Keenan LWR Commons, Inc. CHANAL HDGUE 04-24-2007 954-776-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE