#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

### DOCUMENT #A12771

1. Entity Name

COMMONWEALTH BUILDING, LTD.



FILED Feb 02, 2007 08:00 AN Secretary of State

Principal Place of Business

46 SW FIRST ST. FOURTH FLOOR MIAMI, FL 33130 Mailing Address

46 SW FIRST ST. Fourth Floor Miami, Fl 33130



## DO NOT WRITE IN THIS SPACE

01312007 No Chg-LP

CR2E003 (12/06)

FEI Number
 59-2209955

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ELEGANT, IRA M. COMMONWEALTH BLDG. 46 S.W. FIRST STREET, FOURTH FLOOR MIAMI, FL 33130

# DO NOT WRITE IN THIS SPACE

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

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

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.

	NOTE: General Partiers MAT NOT be changed on the
12.	GENERAL PARTNER INFORMATION
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	BUCHBINDER, HARRIS J 7381 MILLER DRIVE MIAMI, FL 33155
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ELEGANT, IRA M 1360 N. VIEW DR. SUNSET ISLAND #1 MIAMI BEACH, FL 33140
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

10000000619199 102208707-80061-009 500.00

# DO NOT WRITE

14. It 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 trusted empowered pexecute this report as required by Chapter 620. Florida Statutes

SIGNATURE: \_

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPE OF FINTED NAME OF SIGNING GENERAL PARTNE

ut acy ptner.

1.31.07

3053581515

Daytime Phone #