DOCUMENT # A15661 1. Entity Name COMMERCIAL PLAZA, LTD.					FILED 01 MAR -5 PM 1: 07		
1320 SOUTH D SUITE 1061	DIXIE HIGHWAY	1320 SOUTH DIXIE HIGHWA SUITE 1061	1320 SOUTH DIXIE HIGHWAY		TALLAHASSEE, FLORIDA		
CORAL GABLES FL 33146 CORAL GABLES FL 33146							
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	9	City & State		4. FEI Number	59-2336856	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
				Name			
FARBISH, HOWARD J. 1320 SOUTH DIXIE HIGHWAY				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1061							
CORAL GABLES FL 33146				City	FL Zip Code		
8. The above SIGNATURE	named entity submits this statement for	the purpose of changing its i	registere	ed office or registo	ered agent, or both		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:		d Agent signature requir	ed when reinstating)	11. MAKE CHECK PAYABL	E TO DEPT OF STATE
Capital Coi as Shown of		in FLORIDA to da		outions			OR FEE INFORMATION
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT	FITY M	UST BE REGIS	STERED AND AC	CTIVE WITH THIS OFFIC	E. Irtner.
12.	GENERAL PARTNER		13.	, an ameriane	Treat do mou	ADDRESS CHANGES OF	
DOCUMENT # NAME	BERMAN, DAVID M. 1320 S DIXIE HWY #1061 CORAL GABLES FL			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				-ST-ZiP	•		
DOCUMENT # NAME	SWICHKOW, BERNARD		STRE	EET ADDRESS			J
STREET ADDRESS				-ST-ZIP	9000038199098		
DOCUMENT #			STRE	ET ADDRESS		****526.25	****526 . 25
NAME STREET ADORESS CITY-ST ₂ ZIP	STAHL, HARVEY H. 1320 S DIXIE HWY #1061 CORAL GABLES FL		CITY	-ST-ZIP			
DOCUMENT # NAME	FARBISH, HOWARD J.		STRE	ET ADDRESS			
	1320 S DIXIE HWY #1061 CORAL GABLES FL		CITY	-ST-ZIP			
DOCUMENT # NAME	MILLHAUSER, HOWARD P.		STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	DDRESS 1320 S DIXIE HWY #1061			-ST-ZIP			
DOCUMENT # NAME	·		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP			
14. I hereby of indicated the received	pertify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute this	this filing does not qualify for that my signature shall have to s report as required by Chapt	the exe the same ter 620,	mption stated in e legal effect as it Florida Statutes	Section 119.07(3)(i) made under oath;	, Florida Statutes. I further c that I am a General Partner	artify that the information of the limited partnership or

HOWARD J. FARBISH

SIGNATURE:

3 02-662-2303

Ricki