FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

COMMERCE PARK ASSOCIATES, LTD.

Comment

SIGNATURE .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26500**

FILED 97 NOV 14 PM 4: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA



DATE: 11/3/97

561-483-8400

| Suite, Apt. #, etc City Blove-named limited partnership | 10. If changed, new Registere | 35 10 11 7 1/97 441 193 - 407 65, 00 ****165, 00 FL 7 ¹ p Code |
|--|---|--|
| Name Street Address (F Suite, Apt. #, etc City thove-named limited partnership State of Florida, Such change we | 6. FET Number 65-0052562 7. Cortificate of Status Dosired 8. Make check payable to: Dept. of 10. If changed, new Registere P.O. Box Number 國際 (中華) (中華) (中華) (中華) (中華) (中華) (中華) (中華) | Not Applicable S8.75 Additional Fee Required State (See reverse side for fee informat and Agent/Office Agent/Office 70 70 4 ** ** ** 155.00 FL Po State of Florida, submits this statement |
| Name Street Address (F Suite, Apt. #, etc City thove-named limited partnership State of Florida, Such change we | 8. Make check payable to: Dept. of 10. If changed, new Registere P.O. Box Number I Np: 44 可能性 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | S8.75 Additional Fee Required State (Soo reverse side for fee informat ad Agent/Office Agent/Office |
| Street Address (F Suite, Apt. #, etc City Thove-named limited partnership State of Florida, Such change we | P.O. Box Number [Np. A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 35 10 11 7 1/97 441 193 - 407 65, 00 ****165, 00 FL 7 ¹ p Code |
| Suite, Apt. #, etc City thove-named limited partnership State of Florida, Such change we | 第本本主] | 5/97 04098 - 007 65.00 ****165.00 FL 7ip Code |
| | . DAIE | |
| ED AND ACTIVE \ | ARTNERSHIP OR OTHE WITH THIS OFFICE. | R BUSINESS ENTITY |
| ach General Partner st Office Box Numbers) 11 | b. City, State & 7 ip Code | 11c. Registration/ Document Number |
|). STE 3 | BOCA RATON FL | M82999 |
| | D. STE 3 | |

12, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of

obert J. Schmier, President

Corporations from any liability of non-compliance with Section 119 07(3)(i) in the event that the information supplied is decrited exempt from public access. Further certify that the information indicated on this annual report is true and accurace and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 629. Floridal Styllutors