

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # A28718



1. Entity Name
**COMMERCE PARTNERSHIP #8908 LIMITED
PARTNERSHIP**

Principal Place of Business
**1280 W. NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442**

Mailing Address
**1280 W. NEWPORT CENTER DR.
DEERFIELD BEACH, FL 33442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

04092004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0154132

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**O'BOYLE, SHEILA
23 N. HIDDEN HARBOUR
GULFSTREAM, FL 33483**

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

9. Capital Contributions as Shown on record

\$99.00

10. Amount of Capital Contributions in FLORIDA to date

**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 # **F0100001006**
NAME **HUROAN, INC.**
STREET ADDRESS **1280 WEST NEWPORT CENTER DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **1100000129733**
NAME **04/29/04-80134-012 141.25**

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 exemption stated in Section 119.07(3)(i), 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: *MARTINE O'BOYLE, PRESIDENT 4/16/04 954360713*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Davtime Phone #