


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

**FILED
Mar 17, 2004 08:00 AM
Secretary of State**

DOCUMENT # A30365 1. Entity Name CLERMONT COMMERCIAL, LTD.					
Principal Place of Business 3314 JUST-A-MERE COURT WINDERMERE, FL 34786			Mailing Address 3314 JUST-A-MERE COURT WINDERMERE, FL 34786		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3015941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOMBECK, RICHARD M 3314 JUST-A-MERE COURT WINDERMERE, FL 34786			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 _____				DATE _____	
9. Capital Contributions as Shown on record. \$308,875.00				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 #	STROMBECK, ESTHER M		STREET ADDRESS		
NAME	3314 JUST-A-MERE COURT		CITY-ST-ZIP		
STREET ADDRESS	WINDERMERE, FL				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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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 exemption stated in Section 119.07(3)(f), 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: <i>Esther Strombeck, general partner</i>			Date: 3-5-04		Daytime Phone #
ESTHER STROMBECK					



03022004 Chg-LP CR2E003 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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SIGNATURE _____ DATE _____

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SIGNATURE: *Esther Strombeck, general partner* Date: 3-5-04 Daytime Phone #

ESTHER STROMBECK

STAPLE CHECK HERE