

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP  
ANNUAL REPORT 1997-1998  
DOCUMENT # **A33384**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
97 SEP -9 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership  
**Commerce Limited Partnership #8911**

2. Mailing Address <b>1280 W. Newport Ctr Dr.</b> Suite, Apt. #, etc.	3. Principal Office Address <b>Same as #2</b> Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida <b>9-1-92</b>
City & State <b>Deerfield Beach, FL</b>	City & State	5. FEI Number <b>65-0354632</b>
Zip <b>33442</b>	Country <b>US</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status
7a. Capital Contributions as Shown on Record: <b>990.00</b>	7. State or Country of Formation <b>Pa.</b>	
7b. Amount of Capital Contributions in FLORIDA to date	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	

9. Name and Address of Current Registered Agent <b>Sheila L. O'Boyle</b> <b>23 N. Hidden Harbour Dr.</b> <b>Gulf Stream, FL 33483</b>	10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b>
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s) <b>Farmington Realty Company, Inc.</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1280 W. Newport Center Drive</b>	City, State and Zip Code <b>Deerfield Beach, FL - 33442</b>	11a. Registration Document Number: <b>P40345</b>
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-09/22/97--01162--003  
\*\*\*\*355.00 \*\*\*\*158.25  
800002300149--9  
-09/22/97--01162--012  
\*\*\*\*158.25 \*\*\*\*158.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. 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 620, Florida Statutes.

SIGNATURE **Farmington Realty Company, Inc.**  
**VP Bill Ring, VP** DATE \_\_\_\_\_  
Typed or Printed Name of General Partner Signing Form Telephone Number **954-360-7713**



COMMERCE GROUP

COMMERCE REALTY GROUP / COMMERCE DEVELOPMENT GROUP / COMMERCE BUILDING GROUP / COMMERCE MANAGEMENT GROUP

June 6, 1997

DIRECT LINE #954-570-3533

E-MAIL ADDRESS: david@Commerce-Group.com

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Partnership Section

Re: Application for Reinstatement and request for  
abatement of penalty for Limited Partnerships:

Commerce Limited Partnership #9408  
Commerce Partnership #8908 Limited Partnership  
Commerce Limited Partnership #9201  
Commerce Limited Partnership #8911  
Commerce Limited Partnership #9352  
Commerce Limited Partnership #9333

Dear Sir/Madam:

Enclosed you will find completed reinstatement applications for the above limited partnerships along with checks representing the filing fees and supplemental fees. At this time I respectfully request that the \$500.00 penalties be abated due to clear clerical error. An on going in house investigation leads me to believe that 60 day notice of intent to revoke was not sent to this office.

Thank you for cooperation in this matter.

Sincerely,

COMMERCE REALTY GROUP, INC.

*David A. Finkelstein, Esq.*  
David A. Finkelstein, Esq.  
Assistant General Counsel

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