

2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # A96000001570

1. Entity Name
SANFORD COMMERCE CENTER, LTD.



FILED

07 MAY 18 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
912 N. HIGHLAND AVENUE
ORLANDO, FL 32803

Mailing Address
912 N. HIGHLAND AVENUE
ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3397867

Applied For

Not Applicable

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

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

Name

A. Wayne Rich

Street Address (P.O. Box Number is Not Acceptable)

390 N. Orange Ave.

Suite 1100

City

Orlando

FL

Zip Code

32801

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # P96000070127
NAME SANFORD COMMERCE CENTER, INC.
STREET ADDRESS P.O. BOX 1911
CITY-ST-ZIP ORLANDO, FL 32802

STREET ADDRESS

000103629450

CITY-ST-ZIP

05/31/07--01054--021 **500.00

DOCUMENT #
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE CHECK HERE

PA

4/25/07