		J.	
2000 UNIFORM	BUSINESS	REPORT	(UBR

DOCUM	IENT# A	96000001646				
1. Entity Name COMMEN, LTD.			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
COMMEN,	LID.	,			DIVISION OF CORPORATIONS	
Principal Place of		Mailing Address			00 APR 17 AM11: 43 V	
5901 S.W. 74 STREET. STE. 407 5901 S.W. 74 STREET. STE.						
SOUTH MIAMI F	L 33143	SOUTH MIAMI FL 33140	3-5164			
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u></u>		DO NOT WRITE IN THIS SPACE		
City & State	_	City & State			4. FEI Number 65-0704885 Applied For Not Applicabl	e
Zip	Country	Zip	Country		5. Certificate of Status Desired	
<u> </u>	6. Name and Address	of Current Registered Agent			7. Name and Address of New Registered Agent	
EMO CORP	ORATE SÉRVICES, INC	general comment of the Mills	·	Name	The second secon	
	AVENUE, STE. 1100	<i>,</i> .		Street Address (P.O. Box Number is Not Acceptable)	
	RDALE FL 33301					
		1		City	FL Zip Code	7
8. The above na	arned entity submits this si	latement for the purpose of changing i	ts registere	t ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	gnature, typed or printed name of re	gistered agent and title if applicable. (NC	OTE: Registere	d Agent signature required	when reinstating) DATE	
9. Capital Contr as Shown on		10. Amount of Cap in FLORIDA to		outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PA	RTNER THAT IS A BUSINESS E	NTITY M	UST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.	GENERA	L PARTNER INFORMATION	13.	, an amendmen	ADDRESS CHANGES ONLY	\exists
	96000057476 COMMEN, INC.	•	STRE	ET ADDRESS		
STREET ADDRESS 5	5901 S.W. 74 STREET, SOUTH MIAMI FL 3343		CITY	-ST-ZIP	<u> </u>	60
DOCUMENT#	,	. 1000	STRE	ET ADDRESS		_ {
NAME STREET ADORESS			СПҮ	- ST-ZIP		
CITY-ST-ZIP DOCUMENT #			STRE	ET ADDRESS		
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DUCUMENT#			STRE	ET ADORESS	,	
STREET ADORESS CITY - ST - ZIP			CITY	-ST-ZIP		1
	rtify that the information sunthis report is true and ac or or trustee empowered to	pplied with this filing does not qualify curate and that my signature shall hav execute this eport as required by the	for the exe re the same apter 620, I	mption stated in Se e legal effect as if m Florida Statutes	ection 119.07(3)(i), Florida Statutes, I further certify that the information nade under oath; that I am a General Partner of the limited partnership of	or
SIGNATU	JRE: SIGNATURE A	NO TYPED OF PRINTED NAME OF SIGNING GENE	RED	R	4/14/00 305662-8999 Date Daytime Phone *	