

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #  
1. Entity Name  
COMMEN, LTD.

A96000001646

Principal Place of Business  
5901 S.W. 74 STREET, STE. 407  
SOUTH MIAMI FL 33143

Mailing Address  
5901 S.W. 74 STREET, STE. 407  
SOUTH MIAMI FL 33143-5164

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

6. Name and Address of Current Registered Agent  
EMO CORPORATE SERVICES, INC.  
100 N.E. 3 AVENUE, STE. 1100  
FT. LAUDERDALE FL 33301

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

9. Capital Contributions  
as Shown on record.  
\$100.00

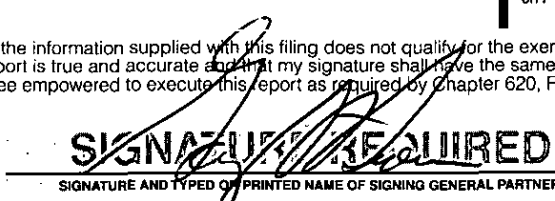
10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

12. GENERAL PARTNER INFORMATION  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS  
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)(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:  SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/00  
Date

305662-8999  
Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)