

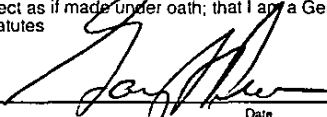
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

141.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 9:35

DOCUMENT # A96000001646					
1. Entity Name COMMEN, LTD.					
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		
2. Principal Place of Business 12602 N. Kendall Dr.		3. Mailing Address 12602 N. Kendall Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL 33186		City & State Miami, FL			
Zip 33186		Country USA		4. FEI Number 65-0704885	
5. Certificate of Status Desired ☐ \$8.75-Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROWN, GARY 5901 S.W. 74 STREET, STE. 407 SOUTH MIAMI, FL-33143			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$100.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000057476 COMMEN, INC. 5901 S.W. 74 STREET, STE. 407 SOUTH MIAMI, FL 334311333		STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # 3056628999		

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