2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

141.25

DOCUMENT # A96000001646

1. Entity Name
COMMEN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 22 AM 9:35

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

01142005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
12602 N. Kendall Dr.	12602 N. Kendall Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl 33186	City & State: Miami, Fl
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0704885 ☐ 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
BROWN, GARY 5901 S.W. 74 STREET, STE. 407 SOUTH MIAMI, FL 33143	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.	10. Amount of Capital Contributions in FLORIDA to date.
$100.00	

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 #	P96000057476	STREET ADDRESS	
NAME	COMMEN, INC.	CITY-ST-ZIP	
STREET ADDRESS	5901 S.W. 74 STREET, STE. 407		
CITY-ST-ZIP	SOUTH MIAMI, FL 334311333		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 3/22/05 3056628999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #