

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001646

1. Entity Name
COMMEN, LTD.



Principal Place of Business Mailing Address
12602 N KENDALL DR. **12602 N KENDALL DR.**
MIAMI, FL 33186 **MIAMI, FL 33186**

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



01092007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
65-0704885 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

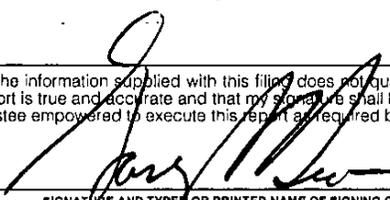
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	P96000057476	STREET ADDRESS	U00000621821
NAME	COMMEN, INC.	CITY-ST-ZIP	02/13/07-80001-009 500.00
STREET ADDRESS	5901 S.W. 74 STREET, STE. 407		
CITY-ST-ZIP	SOUTH MIAMI, FL 334311333		
DOCUMENT #		STREET ADDRESS	
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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 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:  Date: **1/22/07** Daytime Phone #: **305-662-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER