FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

	DIVISION OF		98 NOV -5 PM	1:01	
1. Name of Limited Partnership	-	1a. DOCUMENT # A9600001853		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
COMMERCE FIVE, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
1610 TENNESSEE AVE. LYNNHAVEN FL 32444	1610 TENNESSEE AVE. LYNNHAVEN FL 32444			\$12,400.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.		12 400.00	
				Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of St	Fee Required ate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered A	10. If changed, new Registered Agent/Office		
WHITE, W. GRAHAM 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARKA FL 32789		Name			
		Street Address	Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each Gene		1b. City, State & Zlp Code	11c. Registration/ Document Number	
COMMERCE FIVE, INC.	1610 TENNESSEE AVE.		LYNNHAVEN FL 32444	P96000082176 P96000082176 P960003 (8/88)	
			800002682588—-7 -11/06/3801092007 ****179.55 ****175.55		
			Ai	NOV - 5 1998	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE TO SIGNATURE THE 11/4/98					

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number_