



FILED

04 APR 20 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001853				FILED	
1. Entity Name COMMERCE FIVE, LTD.				04 APR 20 PM 3:38	
Principal Place of Business 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444		Mailing Address 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3408484	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
TILLMAN, JEAN F 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444		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 _____					
9. Capital Contributions as Shown on record. \$12,400.00					
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 #	P96000082176	STREET ADDRESS			
NAME	COMMERCE FIVE, INC.	CITY-ST-ZIP			
STREET ADDRESS	1610 TENNESSEE AVE.				
CITY-ST-ZIP	LYNNHAVEN, FL 32444				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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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: _____					
850-265-2880					