#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

#### DOCUMENT # A96000001853

1. Entity Name COMMERCE FIVE, LTD.



Principal Place of Business Mailing Address

1610 TENNESSEE AVE. LYNNHAVEN, FL 32444 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444

# FILED May 02, 2008 08:00 AN Secretary of State



### DO NOT WRITE IN THIS SPACE

02212008 No Chg-LP

CR2E003 (12/06)

4, FEI Number 59-3408484

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, JEAN F 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444

### DO NOT WRITE IN THIS SPACE

8. Th	e above named entity submits this stat	ement for the purpose of changing its	registered office or registere	d agent, or both, in the State of F	lorida. I am familiar with, and accept
the	a obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

NOTE: General Partners MAY NOT be changed or			
12. GENERAL PARTNER INFORMATION			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P96000082176 COMMERCE FIVE, INC. 1610 TENNESSEE AVE. LYNNHAVEN, FL 32444		
DOCUMENT # NAME STREET ADDRESS CITY+ST-7IP			
 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			

U00000943805 05/29/08-80075-015 500.00

## DO NOT WRITE IN THIS SPACE

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 poort as required by Chapter 620. Florida Statutes

**SIGNATURE:** 

STAPLE CHECK HERE

CHY-ST-ZIP DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT \*
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/08

Daytime Phone #