

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 11 AM 10:22

mtm
12/11

1. Name of Limited Partnership

**Commercial Business
Park, Ltd.**

**1a. DOCUMENT #
A97000002197**

Mailing Address

**2005 West Cypress Creek Road
Suite 202
Fort Lauderdale, Florida 33309**

Principal Office Address

**3. Date Formed or Registered
October 10, 1997**

**5a. Capital Contributions as
Shown on record
\$198,000**

**3a. Date of Last Report
N/A**

**5b. Amount of Capital
Contributions in FLORIDA
to date:
\$198,000**

2. Mailing Address

2005 W. Cypress Creek Road

2a. Principal Office Address

2005 W. Cypress Creek Road

**Suite, Apt. #, etc.
Suite 202**

**Suite, Apt. #, etc.
Suite 202**

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

**Zip Country
33309 U.S.A.**

**Zip Country
33309 U.S.A.**

**4. State or Country of Formation
Florida**

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**Shawn Bayne, Esq.
Stearns Weaver Miller Weissler
Alhadeff & Sitterson, P.A.
200 E. Broward Boulevard, Suite 1900
Fort Lauderdale, Florida 33301**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) ~~33000002374133-1~~

Suite, Apt. #, etc.

**~~-12/16/97--01117--009~~
****541.25 ****541.25**

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)

**Commercial Business Park, Inc.
I.L.M.D.M., Inc.**

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

**2005 W. Cypress
Creek Road, #202
3706 DMG Drive**

11b. City, State & Zip Code

**Fort Lauderdale, Florida
33309
Lakeland, Florida
33811**

**11c. Registration/
Document Number**

**P97000084792
L55097**

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

DATE

12/18/97

Typed or Printed Name of General Partner Signing Form **Samuel Butters**

Daytime Telephone Number **(954) 771-5056**

CR2E003 (6/97)