

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001448

1. Entity Name
COMMERCE SECURITY PARK, LTD.



Principal Place of Business
4901 N.W. 17TH WAY
SUITE 103
FT LAUDERDALE, FL 33309

Mailing Address
4901 N.W. 17TH WAY
SUITE 103
FT LAUDERDALE, FL 33309

BK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-LP CR2E003 (10/03)

4. FEI Number
11-3437194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, ALAN M
C/O LEVY REALTY ADVISORS, INC.
4901 N.W. 17TH WAY, SUITE 103
FT LAUDERDALE, FL 33308

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

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

DATE

9. Capital Contributions as Shown on record. \$10,000.00

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 # P98000031779
NAME COMMERCE SECURITY PARK, INC.
STREET ADDRESS 1327 H 46 ST
CITY-ST-ZIP BROOKLYN, NY 11219

STREET ADDRESS

CITY-ST-ZIP

100054754461
05/19/05 01006 011 **158.75

DOCUMENT #
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE