

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**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**



03292006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3437194</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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.**

**12. GENERAL PARTNER INFORMATION**

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

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**DO NOT WRITE  
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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 report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #