

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**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



**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-LP

CR2E003 (12/06)

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**

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, 2007, 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 # P98000031779  
NAME COMMERCE SECURITY PARK, INC.  
STREET ADDRESS 1327 H 46 ST  
CITY - ST - ZIP BROOKLYN, NY 11219

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U00000735310  
05/10/07-80028-016 500.00

**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 report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*David Kahn, Partner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/22/07

954 441-5505

STAPLE CHECK HERE