

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000001448 1. Entity Name COMMERCE SECURITY PARK, LTD.	
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Principal Place of Business 4901 N.W. 17TH WAY SUITE 103 FT LAUDERADLE, FL 33309	Mailing Address 4901 N.W. 17TH WAY SUITE 103 FT LAUDERADLE, FL 33309
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04172008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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 _____ U00000021270
Signature, typed or printed name of registered agent and title if applicable. 05/14/08-80067-009 500.00

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.

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

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: Alan Levy Manager 4/22/08 959 A91-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE