

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A98000001725

1. Entity Name

WESTON COMMERCIAL PROPERTIES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 25 AM 9:21

Principal Place of Business  
1920 E. HALLANDALE BEACH BLVD., STE. 906  
HALLANDALE, FL 33009

Mailing Address  
C/O JEROME STERN  
1920 E. HALLANDALE BEACH BLVD., SUITE 906  
HALLANDALE, FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0850591

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KORN, GARY A  
20801 BISCAYNE BLVD., SUITE 501  
AVENTURA, FL 33180

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.

\$1,057,500.00

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 # P98000046566  
NAME WESTON COMMERCIAL CENTER, INC.  
STREET ADDRESS 2600 GLADES CIRCLE, SUITE 200  
CITY-ST-ZIP WESTON, FL 33327

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P98000057360  
NAME A&J WESTON COMMERCIAL G.P., INC.  
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., SUITE 906  
CITY-ST-ZIP HALLANDALE, FL 33009

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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:

A&J WESTON COMM'L GP, INC.  
BY: ARTHUR E. LIPSON, Pres. 3/24/05 (987454-1114)