

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:41

DOCUMENT # A98000001725

1. Entity Name
 WESTON COMMERCIAL PROPERTIES, LTD.



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 904
 HALLANDALE, FL 33009

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03152006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0850591

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KORN, GARY A
 20801 BISCAYNE BLVD., SUITE 501
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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 05/05/06--01043--021 **500.00

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 #

A+J Weston Comm'l GP INC
 BY: ARTHUR E. LIPSON, Pres 4/14/06 954-454-1117

STAPLE CHECK HERE