

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000001725	
1. Entity Name WESTON COMMERCIAL PROPERTIES, LTD.	
Principal Place of Business 1920 E. HALLANDALE BEACH BLVD. SUITE 906 HALLANDALE, FL 33009	Mailing Address C/O JEROME STERN 1920 E. HALLANDALE BEACH BLVD., SUITE 904 HALLANDALE, FL 33009



03082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0850591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

U00000692360
04/13/07-80048-008 500.00

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Arthur E. Lipson, Pres
ARTHUR E. LIPSON, Pres
4/4/07 (954) 454-1114

STAPLE CHECK HERE