


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 13, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A98000002091**  
1. Entity Name  
**COMMERCIAL OWNERSHIP LTD.**



Principal Place of Business  
**4104 - 20TH STREET WEST  
BRADENTON, FL 34205**

Mailing Address  
**4104 - 20TH STREET WEST  
BRADENTON, FL 34205**



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

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

01262004 Chg-LP CR2E003 (10/03)

4. FEI Number: **65-0864518** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOLDMAN, STANLEY  
4104 - 20TH STREET WEST, APT. 100  
BRADENTON, FL 34205**

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

9. Capital Contributions as Shown on record **\$1,510,684.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000077908 COMMERCIAL OWNERSHIP CORP. 4104 - 20TH STREET WEST, APT. 100 BRADENTON, FL 34205</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>00000119845 04/20/04-80004-010-526.25</b>
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** ✓ Stanley Goldman ✓ **3/4/04** **(941) 755-2661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #