


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:39

<b>DOCUMENT # A98000002091</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 65-0864518	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDMAN, STANLEY 4104 - 20TH STREET WEST, APT. 100 BRADENTON, FL 34205				Name <i>Ric Gregoria Egg</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>200 S. Orange Ave</i>	
				City <i>Sarasota</i> FL Zip Code <i>34236</i>	
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 <i>[Signature]</i>				DATE <i>4-26-06</i>	
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000077908			STREET ADDRESS	
NAME	COMMERCIAL OWNERSHIP CORP.			CITY-ST-ZIP	
STREET ADDRESS	4104 - 20TH STREET WEST, APT. 100			<b>400075031194</b> <del>05/22/06-01045-032 **535.00</del>	
CITY-ST-ZIP	BRADENTON, FL 34205				
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NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>[Signature]</i>				DATE <i>4-26-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

*OK*



STAPLE CHECK HERE