2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE: _

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # A9900000391 1. Øntity Name COMMERCE WAY, LTD. Principal Place of Business Mailing Address 2300-2320 S. AIRPORT BLVD. SANFORD FL 32771 P.O. BOX 940877 MAITLAND FL 32794-0877 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3603108 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND FL 32751 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$288,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # L28451 STREET ADDRESS NAME SDP INVESTMENTS, INC. STREET ADDRESS 1605 KING ARTHUR CIRCLE CSY-ST-7IP CITY-ST-JIP MAITLAND FL 32751 U00000131195 04/*27/*04-80003-012 526.25 DOCUMENT # STREET ADDRESS MAME SOS REALTY CORP. STREET ADDRESS 1605 KING ARTHUR CIRCLE CETY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 DOCUMENT # STREET ADDRESS NAME RED BAY PARTNERS, INC. STREET ADDRESS 117 RED BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP CATY-ST-ZIP BOCHMENT # STREET ADDRESS NAME STREET ADDRESS CRTY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CETY - 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

FILED

4/n/04 (407)702-3131