


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A99000000391</b>			
1. Entity Name <b>COMMERCE WAY, LTD.</b>			
Principal Place of Business <b>2300-2320 S. AIRPORT BLVD. SANFORD FL 32771</b>		Mailing Address <b>P.O. BOX 940877 MAITLAND FL 32794-0877</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2007 APR 11 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent  <b>TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND FL 32751</b>		7. Name and Address of New Registered Agent Name <b>HOWARD SCHIEFERDECKEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1605 KING ARTHUR CIRCLE</b>  City <b>MAITLAND</b> FL Zip Code <b>32751</b>	
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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

 **HOWARD SCHIEFERDECKEN**

**3/28/07**  
DATE


**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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>L28451 SDP INVESTMENTS, INC. 1605 KING ARTHUR CIRCLE MAITLAND FL 32751</b>	STREET ADDRESS  CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>L79712 SOS REALTY CORP. 1605 KING ARTHUR CIRCLE MAITLAND FL 32751</b>	STREET ADDRESS  CITY ST ZIP	<b>100096792411 04/13/07--01039--017 **500.00</b>
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>RED BAY PARTNERS, INC. 117 RED BAY DRIVE LONGWOOD FL 32779</b>	STREET ADDRESS  CITY ST ZIP	
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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:**

 **HOWARD SCHIEFERDECKEN**

**3/28/07**  
Date

**(907)702-3131**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE