LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT C Sandra B. Mortha Secretary of State DIVISION OF CORPORA		ARY OF STATE DF CORPORATIONS -2 PM 12: 16	
1. Name of Limited Partnership	1a. DOCUMENT B94000000007	#		
COMMERCE LIMITED PARTI	NERSHIP #9352			
Malling Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	01/10/1994 38. Date of Last Report	\$990.00	
		09/09/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address	4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Sulle, Apt. #, etc.	6. FEI Number	Applied For	
City & State	City & State	65-0473545 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country			
9, Name and Address of Curr	ent Registered Agent	10. If changed, new Registe	red Agent/Office	
O'BOYLE, SHEILA	Name			
23 N. HIDDEN HARBOUR DRIVE	Street A	ddress (P.O. Box Number Is Not Acceptable)		
GULFSTREAM FL 33483	Sulte, A	рі. #, еіс.		
GULFSTREAM FL 33483	Sulte, A City	pl. #, etc.	FL Zip Code	
GULFSTREAM FL 33483 10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office- agent. I am femiliar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA	and 620.192, Florida Statutes, the above-named limited pa or registered agent, or both, in the State of Florida. Such of one of section 620.192, Florida Statutes.	pt. #, etc. artnership organized or registered under the faws of t hange was authorized by its general partner(s). I her DAT DAT	FL he State of Floride, submits this statement aby accept the appointment of registered	
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