

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 14 AM 8:57



1. Name of Limited Partnership
1a. DOCUMENT # B96000000395
COMMERCE INVESTORS #1110 LIMITED PARTNERSHIP

Mailing Address 1280 WEST NEWPORT CENTER DR. DEERFIELD BCH. FL 33442	Principal Office Address 1280 WEST NEWPORT CENTER DR. DEERFIELD BCH. FL 33442	3. Date Formed or Registered 10/10/1996	5a. Capital Contributions as Shown on record. \$250.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 02/26/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 65-0739281 APPLIED FOR	
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office	
	Name Sheila L. O'Boyle	
	Street Address (P.O. Box Number Is Not Acceptable) 23 N. Hidden Harbor Drive	
	Suite, Apt. #, etc.	
City Gulf Stream		Zip Code FL 33483

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Sheila O'Boyle DATE 12/1/97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) COMMERCE INVESTORS #1110 GP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1280 WEST NEWPORT CEN	11b. City, State & Zip Code DEERFIELD BEACH FL 33	11c. Registration/ Document Number P96000078710
000002413630--1 -01/27/98--01099--009 ***156.25 ***156.25			KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [Signature] DATE 12/1/97
Vice President, Commerce Investors #1110 GP, Inc. 12/1/97
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CRE003 (6/97)