2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B960000395 1. Entity Name COMMERCE INVESTORS #1110 LIMITED PARTNERSHIP							
					FILED		
Principal Place of Business 1280 WEST NEWPORT CENTER OR. DEERFIELD BCH. FL 33442		128	Mailing Address 1280 WEST NEWPORT CENTER DR DEERFIELD BCH. FL 33442		ì.	O1 MAR -5 AN II: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. N	lailing Address				
Suite, Apt. #, etc.		S	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		C	ity & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Z	p	Coun	ntry	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Addres	s of Current Registe	ered Agent		Name	7. Name and Address of New Registered Agent	
OIDOVIE OUEILA I							
O'BOYLE, SHEILA L C/O COMMERCE GROUP, INC.					Street Address (P.O. Box Number is Not Acceptable)		
1280 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442					City	FL Zip Code	
8. The above	named entity submits thi	s statement for the pu	rpose of changing its	register	ed office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE .			1107	C. Da eletera		ad when reinstating) DATE	
9. Capital Co	Signature, typed or printed name on tributions		10. Amount of Capit		ed Agent signature require butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown	on record.	\$250.00	in FLORIDA to d	ate.		SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL NOTE: General I	PARTNER THAT IS Partners MAY NO	S A BUSINESS EN Tbe changed on ti	ITITY M he form	IUST BE REGIS 1; an amendme	STERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P96000076710 COMMERCE INVESTORS #1110 GP CORP. 1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442			EET ADDRESS	2000038033625 -03706701-01121-004		
CITY-ST-ZIP			CITY	r-ST-ZIP	****141.25 ****141.25		
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STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP		
DOCUMENT # NAME	•			STR	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP) G	4	,		Y-ST-ZIP		
14. I hereby indicated the received	certify that the information on this report is true and ver or trustee empowered By: Comme	n supplied with this fill accurate and this mility execute this poor	ng does not qualify for y signature shall have t as required by Chaprs // 1110 GP	the samoter 620,	emption stated in S ne legal effect as if Florida Statutes ••• Genera	Section 119.07(3)(i), Florida Statutes, I further certify that the information made under oath; that I am a General Partner of the limited partnership or 1 Partner	

SIGNATURE:

VEQUIVILLIAM F. Ring, Jr., V.P. IGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/01

954-360-7713

Daytime Phone #