

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008110 AF

DOCUMENT # B98000000220

1. Entity Name

COMMERCE LIMITED PARTNERSHIP #9219-II

Principal Place of Business

1280 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

Mailing Address

1280 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0686609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BOYLE, SHEILA L

23 NORTH HIDDEN HARBOUR DRIVE  
GULF STREAM FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$990.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000036642  
NAME COMMERCE GP. INC.  
STREET ADDRESS 1280 WEST NEWPORT CENTER DRIVE  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-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

By: Commerce GP, Inc., General Partner

SIGNATURE

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Martin E. O'Boyle, President 2/21/01 954-360-7713

Date

Daytime Phone #

CR2E003 (11/00)

FILED

011 MAR -5 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

