## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # B98000000220

1. Entity Name
COMMERCE LIMITED PARTNERSHIP #9219-II



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 Mailing Address

1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442



## DO NOT WRITE IN THIS SPACE

03152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0686609 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BOYLE, SHEILA L 23 NORTH HIDDEN HARBOUR DRIVE GULF STREAM. FL 33483

## DO NOT WRITE IN THIS SPACE

GULF STREAM, FL 33483		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	30
	NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
DOCUMENT # NAME STREET ADDRESS GRY-ST-ZIP GOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P96000036642 COMMERCE GP, INC. 1280 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	U00000538743 05/09/06-80074-001 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE

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:

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY: MADINED BOYLE, PRES. 41

Daytime Phone il