-2000 Uniform Business Report (UMR)					ASPROVED _ ASP			
DOCUMENT # DOCUMENT # 1. Entity Name								
COMMERCIAN PARTIMENS FEAR ESTATE					00 JON 26 PH 2:21			
Principal Place of Business Mailing Address					SECRETARY OF STATE			
11585 U.S. Hallway ONE					ζ,	— · · · · · · · · · · · · · · · · · · ·	J/1 4 '	<del></del>
NOLTH PARM BEACH, 12 33408					<u></u>			
Principal Place of Business     3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6 9 0 Donos was in such a space of the such as a space of the such a			
City & State		City & State		4. FEI Number 65 - 08 7 8 0 3	- <b>7</b> -	—————————————————————————————————————	t Applicable	
Zíp	Country	Zip	Country		5. Certificate of Status Desire		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of No	w Registered	Agent	
KATHERINE BUNDEY								
Commenciar PARTNERS FRANCESTATE				Street Address (P.O. Box Number is Not Acceptable)				
	US HIGHWAY ONE		,					
NOLTH PARM BEACH, FL 33408			-	City		FL	Zip Code	<del></del>
8. The above	named Intity submits this statement for	r the purpose of changing its r	registered	office or register	red agent, or both, in the State of	f Florida.		
	Not Cor					Colinto		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered A	gent signature required	t when reinstating)	DATE	2	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1/200 Make Check Payabl	JO Fee W	III <b>56 \$5</b> 50.00	10. Election Campaig frust Fund Contrib			<b>0</b> May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
THILE	V	☐ Delete	THILE				Change	Addition
NAME STREET ADDRESS	KATHERINE C. BLANE 11585 US HIGHWAY	ONE	NAME STREET	ADORESS				
CITY-ST-ZIP	HURST PHIM BEACH,	FL 33408	CITY-S1	T- ZIP		1		·
TITLE	Noart PALM BEACH,  D  MARK E. HOLMES  (1585 US HIGHWAY O  NOWALT PALM BEACH,	☐ Delele	TITLE				☐ Change	Addition
NAME STREET ADDRESS	MARL E. HOLMES		NAME STREET	ADDRESS				
CITY-ST-ZIP	North Parm BEACH.	1 3340 X	CITY-SI	l l				
TITLE	1,2,2,1,1	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	·	•	NAME STREET.	ADDRESS				
CITY-ST-ZIP			CITY-ST	1				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			NAME STREET	ADDRESS	•			
CITY ST ZIP		<i>‡</i>	CITY-SI	1				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME		•	NAME SIREET	ADDRESS				
CITY ST-ZIP			CITA-2.	ţ				
IIILE		☐ Delete	THILE				Change	Addition
STREET ADDRESS	SII		NAME STREET CITY-ST	ADDRESS T-ZIP	KE			
13. I hereby	Entify that the information supplied will on this report or supplemental report is poration or the receive/or trustee emp							
changed	or on an attachment with an address,	with all other like empowered.	_2 . Squirot	_ <u> </u>		-•		
SIGNAT	URE: SIGNATURE AND TYPEDOT	PRINTED NAME OF SIGNING OFFICER C	OR DIRECTOR	<del> </del>	Date	[	Davtime Phone #	





## Commercial Partners

Real Estate, Inc.

11380 Prosperity Farms Road - Suite 209A - Palm Beach Gardens, FL 33410 - (561) 691-1966 Fax (561) 694-6120

June 23, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement

I understand that you received the UBR form and fee for \$150.00 for Commercial Partners Real Estate. Please reconsider accepting this renewal fee. As I explained in my letter dated 6/9/00, we relocated our offices in January, 2000, and did not receive our renewal notice. Copies are attached.

We would appreciate your consideration regarding this. We have had this corporation for several years now and have already been prompt with the renewal.

SincereW.

COMMERCIAL PARTNERS REAL ESTATE

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Katherine C. Blaney

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