

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362432

**Entity Name:** COMMERCE-PARK QOZ PARTNERSHIP LLC

**Current Principal Place of Business:**

6017 PINE RIDGE ROAD  
SUITE 255  
NAPLES, FL 34119

**Current Mailing Address:**

6017 PINE RIDGE ROAD, SUITE 255  
NAPLES, FL 34119 US

**FEI Number:** 85-4204504

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RICHARD, ROBERT W  
5940 BUR OAKS LN  
NAPLES, FL 34119 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name RICHARD, ROBERT W  
Address 6017 PINE RIDGE ROAD, SUITE 255  
City-State-Zip: NAPLES FL 34119

Title AUTHORIZED MEMBER  
Name COMMERCE-PARK QOZ PARTNERSHIP LLC  
Address 6017 PINE RIDGE ROAD SUITE 255  
City-State-Zip: NAPLES FL 34119

Title AUTHORIZED MEMBER  
Name RICHARD, ROBERT W  
Address 6017 PINE RIDGE ROAD SUITE 255  
City-State-Zip: NAPLES FL 34119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT W RICHARD

MGR

02/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date