


Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # A33467					
1. Entity Name POMPANO PLAZA, LTD.					
Principal Place of Business 2400 S. DIXIE HWY., #200 MIAMI, FL 33133			Mailing Address 2400 S. DIXIE HWY., #200 MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent POMPANO PLAZA INC. 2400 SOUTH DIXIE HWY., STE. 200 MIAMI, FL 33133				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and firm if applicable)</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P9700034097		STREET ADDRESS	1000000119649 04/26/04 00001-006 141.25	
NAME	POMPANO SHOPPING PLAZA, INC.		CITY-ST-ZIP		
STREET ADDRESS	2400 S. DIXIE HIGHWAY, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 820, Florida Statutes.					
SIGNATURE: <i>Evelyn Douglas Green</i>			Date: 7/6/04		
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		

STAPLE CHECK HERE