


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB 28 AM 10:45

**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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01102005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0358236 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

*JS*



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  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contribution in FLORIDA to date. \$1,000.00

**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 #	P97000034097	STREET ADDRESS	
NAME	POMPANO SHOPPING PLAZA, INC.	CITY-ST-ZIP	
STREET ADDRESS	2400 S. DIXIE HIGHWAY, STE. 200		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100047378401
NAME		CITY-ST-ZIP	03/09/05--01003--020 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: *[Signature]* DATE: 2/25/05 DAYTIME PHONE #: 305253-7086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER