

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000196

1. Entity Name
POMPAHO/LINCOLN INDUSTRIAL, LTD.



FILED

04 JAN 21 AM 9:11

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJM



Principal Place of Business
**6601 N.W. 14TH STREET, SUITE ONE
PLANTATION, FL 33313**

Mailing Address
**5009 N. HIATUS ROAD
SUNRISE, FL 33351-7904**

2. Principal Place of Business
5009 N Hiatus Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082004

Chg-LP

CR2E003 (10/03)

1/21

City & State
Sunrise FL

City & State

4. FEI Number
65-0975757

Applied for
Not Applicable

Zip
33351

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPERMAN, STEVEN J
6601 N.W. 14TH STREET, SUITE ONE
PLANTATION, FL 33313**

Name **Cooperman Steven J**

Street Address (P.O. Box Number is Not Acceptable)

5009 N Hiatus Rd

City **Sunrise**

FL

Zip **33351**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

Steven J Cooperman

1/12/04

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 # **P00000009701**
NAME **SARA SKICONE CORPORATION**
STREET ADDRESS **6601 N.W. 14TH STREET, SUITE ONE**
CITY-ST-ZIP **PLANTATION, FL 33313**

STREET ADDRESS **5009 N Hiatus Rd**
CITY-ST-ZIP **Sunrise, FL 33351**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Steven J Cooperman

1/12/04

954 572 7410

STAPLE CHECK HERE