

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001804

1. Entity Name
CD 54 CONTRACTORS BUSINESS PARK POMPAÑO,
LTD.



Principal Place of Business

1350 EAST NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442

Mailing Address

1350 EAST NEWPORT CENTER DRIVE, STE. 206
DEERFIELD BEACH, FL 33442



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-1058806	Not Applicable

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

6. Name and Address of Current Registered Agent

KAY, JAMES R
KAY LAW OFFICES
700 VILLAGE SQUARE CROSSING, STE 102B
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #	L00000014712
NAME	CONTRACTORS BUSINESS PARK POMPAÑO, LLC
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, STE. 206
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442

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04/04/07-80003-019 508.75

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Linda Karmof

3-23-07

954 428-4585

STAPLE CHECK HERE