

141.25

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY 19 P 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01272004 Chg-LP CR2E003 (10/03)

DOCUMENT # A03000000954 1. Entity Name POMPEII INVESTMENTS, LTD.			
Principal Place of Business 2127 BRICKELL AVENUE, PENTHOUSE 3602 MIAMI, FL 33133		Mailing Address 2127 BRICKELL AVENUE, PENTHOUSE 3602 MIAMI, FL 33133	
2. Principal Place of Business 6465 SW 84 STREET		3. Mailing Address P.O. BOX 430340	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33143		Zip 33043-0340	
Country USA		Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent M&W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent BURELL & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 6465 SW 84 STREET City MIAMI FL Zip Code 33143	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 4/22/2004	
9. Capital Contributions as Shown on record. \$30,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 0 -	
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 # L03000023868 NAME POMPEII HOLDINGS, LLC STREET ADDRESS 2127 BRICKELL AVENUE, PENTHOUSE 3602 CITY-ST-ZIP MIAMI, FL 33133		STREET ADDRESS 6465 SW 84 STREET CITY-ST-ZIP MIAMI FLORIDA 33143	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE 4/22/2004 Daytime Phone #	

STAPLE CHECK HERE