## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2006**

STAPLE

SIGNATURE:

## FILED Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # A03000000954 1. Entity Name POMPEII INVESTMENTS, LTD. Principal Place of Business Mailing Address 6465 SW 64 STREET MIAMI FL 33143 P.O. BOX 430340 MIAMI FL 33243-0340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E003 (10/05) 1st MOORE Applied Fu City & State City & State 4. FEI Number 55-0841662 Not Applic. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURELL & ASSOCIATES 6456 SW 84 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** Zin 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. U00000495121 '20/06-80071-018 500.00 Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 STREET ADDRESS NAME POMPEII HOLDINGS, LLC STREET ADDRESS 6465 SW 84 STREET CITY-ST-28 CITY -ST-ZIP MIAMI FL 33143 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STRUCT ADDRESS NAME STREET ADDRESS CXTY - ST - AV CCTY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST - 27P DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZXP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP 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.

4-3-06