

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

86 SEP 23 AM 9:12

1. Name of Limited Partnership

1a. DOCUMENT #
A17324

POMPANO PARK ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

C/O CASTLETON, INC.
2469 IRON WORKS PIKE
LEXINGTON KY 40511

Principal Office Address

C/O CASTLETON, INC.
2469 IRON WORKS PIKE
LEXINGTON KY 40511

3. Date Formed or Registered

06/26/1984

5a. Capital Contributions as
Shown on record.

\$2,100,680.00

3a. Date of Last Report

06/17/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

62-1205849

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THOBURN, THEODORE G
COMERICA BANK & TRUST, FSB
2401 PGA BLVD., STE. 198
PALM BEACH GARDENS FL 33410

10. If changed, now Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

600001559106
09/27/96 01053007
*****585.06L*****

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

POMPANO PARK ASSOCIATES, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

C/O CASTLETON, INC., 2

11b. City, State & Zip Code

LEXINGTON KY 40511

11c. Registration/
Document Number

P02437

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Pompano Park Associates Inc

Jeffrey V. Linares

DATE

9/10/96

Pompano Park Assoc. Inc.

4-1-1996

606-231-8768

CP2E003 (6/96)