


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20368</b>	
<b>1. Entity Name</b> POMPANO PROPERTY, LTD.	

<b>Principal Place of Business</b> 811 E. LAS OLAS BLVD. SUITE A FT. LAUDERDALE FL 33301	<b>Mailing Address</b> 811 E. LAS OLAS BLVD. SUITE A FT. LAUDERDALE FL 33301
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)


<b>4. FEI Number</b> 59-2561607	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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MEYER, CHARLES E. 1500 S.E. 9TH ST. FT. LAUDERDALE FL 33316	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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.

<b>SIGNATURE</b> 	<b>DATE</b> 4/22/04
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<b>9. Capital Contributions as Shown on record.</b> \$100,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 0	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	<b>13. ADDRESS CHANGES ONLY</b>
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<b>DOCUMENT #</b> <b>NAME</b> MEYER, CHARLES E. <b>STREET ADDRESS</b> 1500 S. E. 9TH ST. <b>CITY - ST - ZIP</b> FT. LAUDERDALE FL	<b>STREET ADDRESS</b>
	<b>CITY - ST - ZIP</b>

<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>
	<b>CITY - ST - ZIP</b>


<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>
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	<b>CITY - ST - ZIP</b>

<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STREET ADDRESS</b>
	<b>CITY - ST - ZIP</b>

**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

<b>SIGNATURE:</b> 	<b>DATE</b> 4/22/04
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE