## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A22167** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 15 AM 9: 02

	AZZIOI						
POMPANO REALTY, LTD.							
<b>\</b>							<u> </u>
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
C/O CASTLETON. INC. 2469 IRON WORKS PIKE LEXINGTON KY 40511	C/O CASTLETON, INC. 2469 IRON WORKS PIKE LEXINGTON KY 40511			03/07/1986  3a. Date of Last Report		\$2,232,416.96	
				12/30/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2790998	Applied For Not Applicable			
City & State	City & State	City & State 4		7. Certificate of Status Desired		\$8.75 Additional	_
Zip Country	Zip	Zip Country			—	Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Curren	10. If changed, new Registered Agent/Office					$\dashv$	
		Name					
THOBURN, THEODORE G		Street Address (P.O. Box Number Is Not Acceptable)					$\dashv$
COMERICA BANK & TRUST, FSB		Suite, Apt. #, etc.					
2401 PGA BLVD., STE. 198 PALM BEACH GARDENS FL 33410		ουιο, τψι. #, σια					
PALM DEACH GARDENS PL 33410		City		FL Zip Coge//			
10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Flor						
A GENERAL PARTNER THAT	IS A CORPORATION.	LIMITED	PARTI		R BUSI	NESS ENTITY	7
MUS	T BE REGISTERED AN	ID ACTIV	VE WIT	H THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
POMPANO REALTY, INC.	C/O CASTLETON, INC.,			LEXINGTON KY 40511		J02705	
·				1000026 -10/20/ ****\$3	-11111	201——2 057022 ****535.00	CR2E003 (8/98)

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

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

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