

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0620851 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A95000001916

1. Entity Name
PEMBROKE PARK WAREHOUSES, LTD.



Principal Place of Business
3150 PEMBROKE ROAD
PEMBROKE PARK, FL 33009

Mailing Address
3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD, FL 33009

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
CORNFELD, ROBERT M
THE CORNFELD GROUP
3850 HOLLYWOOD BLVD. #400
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P92000009334	STREET ADDRESS	
NAME	PEMBROKE PARK WAREHOUSES HOLDING COMPANY	CITY-ST-ZIP	
STREET ADDRESS	3850 HOLLYWOOD BOULEVARD SUITE 400		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	000054040660
NAME		CITY-ST-ZIP	05/09/05--01018--008 **158.75
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STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Robert M Cornfeld

4/12/05 (954) 989-2200

STAPLE CHECK HERE