

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

12 OCT 22 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A96000000599

1. Name of Limited Partnership

Pompano Oaks Associates, Ltd.

2. Principal Office Address - No P.O. Box #

2100 Hollywood Boulevard

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33020

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

REGISTERED AGENTS OF FLORIDA, LLC

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

100 SE 2ND STREET

Suite, Apt. #, Etc

SUITE 2900

City

MIAMI

Zip Code

FL 33131-2130

4. Date Formed or Registered

To Do Business in Florida 03/28/1996

5. FEI Number

65-0739639

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

E-mail Address:

leyani.roman@cornerstonegrp.com

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

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

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

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

City, State and Zip Code

10a. Registration
Document NumberCORNERSTONE POMPAO,
INC.2100 HOLLYWOOD
BOULEVARD

HOLLYWOOD FL 33020

P12000081731

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s317.155, F.S.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number