

2001 UNIFORM BUSINESS REPORT (UBR)

0004216 AF

DOCUMENT # A96000000600

1. Entity Name
THE OAKS AT POMPANO, LTD.

FILED

01 FEB 26 AM 11:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0702328

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FL INTERNATIONAL PLACE, 100 SE 2ND ST
MIAMI FL 33131-2130**

Name
Registered Agents of Florida, LLC

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

Suite 3500

City **Miami** FL Zip Code **33131-2130**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$4,113,495.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **P96000066050**
NAME **URBAN POMPANO, INC.**
STREET ADDRESS **11 N.W. 36TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **A96000000599**
NAME **POMPANO OAKS ASSOCIATES, LTD.**
STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 650**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS
CITY-ST-ZIP

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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/01 **305-243-8288**
Date Daytime Phone #

CR2E003 (11/00)