

2002 UNIFORM BUSINESS REPORT (UBR)

0001459 AV

DOCUMENT # A96000000600

1. Entity Name
THE OAKS AT POMPANO, LTD.

FILED
02 MAY -1 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **65-0702328**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET
SUITE 3500
MIAMI FL 33131-2130

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.

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

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	
DOCUMENT #	P96000066050
NAME	URBAN POMPANO, INC.
STREET ADDRESS	11 N.W. 36TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33311
DOCUMENT #	A96000000599
NAME	POMPANO OAKS ASSOCIATES, LTD.
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 650
CITY-ST-ZIP	CORAL GABLES FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005556318--5
CITY-ST-ZIP	05/17/02 01019 014
	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)