LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



1. Name of Limited Partnership		OCUMENT # 00000933			
EDC POMPANO SQUARE LTD					
Mailing Address	Principal Office Addre	Principal Office Address		5a. Capital Contributions as Snown on record	
ONE POMPANO SOUARE POMPANO BEACH FL 33062	ONE POMPANO SQUARE POMPANO BEACH FL 33062		04/24/1997 3a. Date of Last Report 01/02/1998	\$1,000.00	
2. Mailing Address		2a. Principal Office Address Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORGIA to date: // // // // // // // // // // // // //	
Suite, Apt. #, etc.			6. FET Number 65-0750336	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Adiotennal	
Zip Country	Z-ip	Country	8, Make check payable to Dopt of S	Fee Required table (Size reverse side for fee information)	
Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
JOSIAS, STEVEN L 3099 EAST COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33308			Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
		City	FL Z4: Code		
10a. Pursuant to the provisions of sections 620 10th for the purpose of changing its registered office agent. I am familiar with, and accept the obliging	ce or registered agent, or both, in	the State of Florida, Such change:	hip organized or registered under the laws of the was authorized by its general partner(s). Thereby	State of Florida, submits this statement all epit the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	AT IS A CORPOR	ATION, LIMITED F	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)		40.00.00.00.00.00.00.00.00.00.00.00.00.0	11b. City State & Zip Gode	11c. Registration: Document Number	
EDC POMPANO, INC.	ONE POMPA	NO SQUARE	POMPANO BEACH FL 3306	P97000037852 . Z_	
				70077018309 63 799	
F					

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

12. If do hereby certify that the information supplied with this filing is voluntarily fornished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, Trelicase the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deciried exempt from public ancest. 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 are a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620. Florida Statutes

Typed or Printed Name of General Partner Signing Form

Dayth e Telephone Number