

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # A97000000933

1. Name of Limited Partnership

EDC POMPAÑO SQUARE LTD

2. Principal Office Address

One Pompano Square

Suite, Apt. #, etc.

3. Mailing Office Address

One Pompano Square

Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida

4/24/97

5. FEI Number

65-0750336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SH 75 Additional Fee required
for a Certificate of Status

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

Zip

33062

Country

8. Name and Address of Current Registered Agent

Name

Matthew Zifrony, Esq.

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

c/o Tripp Scott, P.A., 110 SE 6th Street

Suite, Apt. #, Etc.

15th Floor

City

Ft. Lauderdale

State

FL

Zip Code

33301

9. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11/21/00

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)

EDC Pompano, Inc.

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

One Pompano Square

City, State and Zip Code

Pompano Beach, FL 33062

10a. Registration
Document Number

P97000037852

REINSTATEMENT 2000

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 the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(f) 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 effect 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.

SIGNATURE

Darla Bass

DATE 11/21/00

Typed or Printed Name of General Partner Signing Form EDC Pompano, Inc. By: Darla Bass, Pres. Telephone Number 310-230-6700

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Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

Attn: Sue Deverson

990606.0001

From:

Account Name : TRIPP, SCOTT, CONKLIN & SMITH

Account Number : 075350000065

Phone : (954) 525-7500

Fax Number : (954) 761-8475

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP REINSTATEMENT

EDC POMPAÑO SQUARE LTD

A97-933

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TALLAHASSEE, FLORIDA

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