

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000934		
1. Entity Name KW POMPAO SQUARE LTD		

Principal Place of Business ONE POMPAO SQUARE POMPAO BEACH, FL 33062	Mailing Address ATTN: LAWRENCE A. KRAUSE 1001 BAYHILL DRIVE, #170 SAN BRUNO, CA 94066 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number 52-2031517	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZIFRONY, MATTHEW ESQ. TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. I am familiar with, and accept the obligations of registered agent.

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

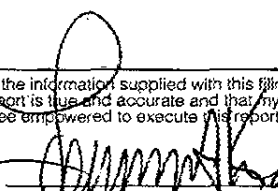
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000037849 KW POMPAO, INC. 1001 BAYHILL DRIVE, #170 SAN BRUNO, CA 94066	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3))(), 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: 	DATE: 4/15/04	DAYTIME PHONE #: 650-266-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		