

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED *WR 11/3*
98 OCT 30 PM 3: 24
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. Name of Limited Partnership BMS POMPARO, LTD.	1a. DOCUMENT # A98000000955
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Mailing Address 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143	Principal Office Address 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143	3. Date Formed or Registered 04/16/1998	5a. Capital Contributions as Shown on record. \$1,990.00
2. Mailing Address		3a. Date of Last Report	
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		6. FEI Number 65-0829252	
City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		7. Certificate of Status Desired	
Zip Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE FL 33301
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BMS LAND COMPANY, INC.	5901 S.W. 74TH STREET	MIAMI FL 33143	P95000003852

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effects 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 	DATE 9/9/98
Typed or Printed Name of General Partner Signing Form VICTOR BROWN	Daytime Telephone Number 305-665-8885

CR2E003 (8/98)