

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010019 AT

DOCUMENT # A98000000955



1. Entity Name
BMS POMPANO, LTD.

FILED

03 JUN -2 PM 7:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLH

Principal Place of Business 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143	Mailing Address 5901 S.W. 74TH STREET, SUITE 205 MIAMI FL 33143
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0829252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, VICTOR
5901 S.W. 74TH STREET, SUITE 205
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
400017589174
04/30/03--01078--021 **52.50
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. 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. \$1,990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	P95000003852
NAME	BMS LAND COMPANY, INC.
STREET ADDRESS	5901 S.W. 74TH STREET, SUITE 205
CITY-ST-ZIP	MIAMI FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	400017589174 06/04/03--01055--005 **88.75

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

4/28/03 (305) 665-8885

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)