

2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000586

Entity Name: CLP GARLAND, LP

Current Principal Place of Business:

450 S ORANGE AVE.
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 11-3779033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S ORANGE AVE.
ORLANDO, FL 32801 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

General Partner Detail :

Document # M06000002436
Name CLP GARLAND GP, LLC
Address 450 S ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY J. GREER

MANAGER OF THE GP

04/08/2015

_____ Electronic Signature of Signing General Partner Detail

_____ Date