

**2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001621

**Entity Name:** PAVILION, LTD.

**Current Principal Place of Business:**

2900 N. UNIVERSITY DRIVE.  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2900 N. UNIVERSITY DRIVE.  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0540538

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAVILION GP, INC  
2900 N. UNIVERSITY DRIVE.  
CORAL SPRINGS, FL 33065 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 #

Name PAVILION GP, INC

Address 2900 N. UNIVERSITY DRIVE.

City-State-Zip: CORAL SPRINGS FL 33065

*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:** GISELE RAHAEL

**PRESIDENT**

**03/14/2023**

Electronic Signature of Signing General Partner Detail

Date