

WJEC, © A1

1. Entity Name

PARKLAND CUSTOM HOMES, LTD.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Principal Place of Business	Mailing Address
4801 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073	4801 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 582639244	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

		Fee Required	
7. Name and Address of New Registered Agent			

DONNELLY, MICHAEL
7250 N.W. 82ND TERRACE
PARKLAND FL 33067

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div> <div>FL</div> <div>Zip Code</div> </div>

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions as Shown on record.	\$2,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	45,000.00	11. MAKE CHECK PAYABLE TO 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							13.								ADDRESS CHANGES ONLY								
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		L01000010981 PARKLAND CUSTOM HOMES, LLC 7250 N.W. 82ND TERRACE PARKLAND FL 33067										STREET ADDRESS																	
												CITY - ST - ZIP		400004831834--S -01/28/02--01092--020 ****403.75 ****403.75															
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #

CR2E003 (9/01)