

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A12972

1. Entity Name
OKEECHOBEE PARCELS, LTD.



Principal Place of Business
**777 S. FLAGLER DR.
SUITE 500 EAST
W. PALM BEACH, FL 33401**

Mailing Address
**777 S. FLAGLER DR.
SUITE 500 EAST
W. PALM BEACH, FL 33401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2246732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, ROBERT L.
2401 PGA BLVD., SUITE 272
PALM BEACH GARDENS, FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

DATE

9. Capital Contributions
as Shown on record.

\$170,000.00

10. Amount of Capital Contributions
in FLORIDA to date

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

**VAN ANDEL, PETER
777 S. FLAGLER DR., STE. 500 EAST
W. PALM BEACH, FL 33401**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**SHAPIRO, ROBERT L.
2401 PGA BLVD., SUITE 272
PALM BEACH GARDENS, FL 33410**

STREET ADDRESS
CITY - ST - ZIP

**U00000315162
04/19/05-80021-022 526.25**

DOCUMENT #
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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)(f), 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; 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

**Peter Van An del
General Partner**

3/29/25
Date

Daytime Phone #

STAPLE CHECK HERE