

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A27963

PARK COLLECTION, LTD.

Mailing Address

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL 33764

Principal Office Address

18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL 33764

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

02/23/1989

3a. Date of Last Report

12/30/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$2,475.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

6. FEI Number

59-2974381

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE JOHNSON SIMMONS MANAGEMENT CORP.
18167 U.S. HIGHWAY 19 NORTH
SUITE 660
CLEARWATER FL 33764

10. If changed, new Registered Agent/Office

Name

JOHNSON MANAGEMENT CORP

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

200002732152--8

Suite, Apt. #, etc.

01/05/99-01063-023

City

****141.25

****141.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

JOHNSON SIMMONS MANGMENT CORP

18167 U.S. HIGHWAY 19, #660

CLEARWATER FL 33764

H80383

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

R. Kelley Johnson, Vice President of Johnson Simmons Mgmt Corp.,

a General Partner of Park Collection, Ltd. DATE 12-15-98

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Johnson Simmons Management Corp.

Daytime Telephone Number (727) 530-5522

CR2E003 (8/98)