

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A28498

1. Entity Name
PARKMONT, LTD.



Principal Place of Business
P.O. BOX 824
MT DORA, FL 32856-0824

Mailing Address
P.O. BOX 4787
WINTER PARK, FL 32793-4787

DO NOT WRITE IN THIS SPACE



02022006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2956570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, THOMAS R
359 CAROLINA AVE.
WINTER PARK, FL 32789

DO NOT WRITE
IN THIS SPACE

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 _____

FILE NOW!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # **K96156**
NAME **INGLE CORP., INC.**
STREET ADDRESS **P.O. BOX 824**
CITY-ST-ZIP **MT DORA, FL 327560824**

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02/24/06 90011-020 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

L. CONTILLA

Date

Daytime Phone #

407-

2-8-06 509-5926

STAPLE CHECK HERE