

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A28498

Entity Name: PARKMONT, LTD.

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

555 NE 15TH ST  
SUITE 7730  
MIAMI, FL 33132 US

**Current Mailing Address:**

P.O.BOX 591  
MOUNT DORA, FL 32756 US

**New Principal Place of Business:**

PARKMONT LTD IS INACTIVE  
USE RES AGENT ADDRESS  
3420 N. US HWY 1 MELBOURNE, FL 32935 US

**New Mailing Address:**

P. O. BOX 591  
MT. DORA, FL 32756

FEI Number: 59-2956570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

GONZALEZ, TINO ESQ  
3420 NORTH U.S. HWY 1  
MELBOURNE, FL 32935 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: TINO GONZALEZ, ESQ.

04/30/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: K96156  
Name: INGLE CORP., INC.  
Address: P.O. BOX 824  
City-St-Zip: MT DORA, FL 327560824 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: INGLECORP/ATCONTELLADIED/SCONTELL/ACTNG P.

ACTP

04/30/2009

Electronic Signature of Signing General Partner

Date