

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/13

96 DEC 12 PM 3:43



1. Name of Limited Partnership
**1a. DOCUMENT #
A32631**

SHAMBHALA NOTTINGHAM LIMITED PARTNERSHIP

Mailing Address C/O SHAMBHALA CORPORATION 4201 N. OCEAN DRIVE HOLLYWOOD FL 33019		Principal Office Address C/O SHAMBHALA CORPORATION 4201 N. OCEAN DRIVE HOLLYWOOD FL 33019		3. Date Formed or Registered 02/28/1992	5a. Capital Contributions as Shown on record. \$200.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/18/1995	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0327278	☐ Applied For ☐ Not Applicable
Zip		Zip		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent PASSALACQUA, JOHN 4201 NORTH OCEAN DRIVE, #605 HOLLYWOOD FL 33019	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

John Passalacqua

DATE **12-9-96**

**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) SHAMBHALA CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4201 N. OCEAN DR., #6	11b. City, State & Zip Code HOLLYWOOD FL	11c. Registration/Document Number M82312
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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.

SIGNATURE

John Passalacqua

DATE **12-9-96**

Typed or Printed Name of General Partner Signing Form

JOHN PASSALACQUA

Daytime Telephone Number

954-925 0319

CR2E003 (6/96)