

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

SEC. DIVISION

99 JAN 27 AM 11:27

1. Name of Limited Partnership

1a. DOCUMENT #  
A32631

SHAMBHALA NOTTINGHAM LIMITED PARTNERSHIP

Mailing Address

C/O SHAMBHALA CORPROATION  
4201 N. OCEAN DRIVE  
HOLLYWOOD FL 33019

Principal Office Address

C/O SHAMBHALA CORPROATION  
4201 N. OCEAN DRIVE  
HOLLYWOOD FL 33019

2. Mailing Address

Suite, Apt #, etc

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip Country

3. Date Formed or Registered

02/28/1992

3a. Date of Last Report

12/09/1997

4. State or Country of Formation

FL

6. FEI Number

65-0327278

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$200.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

200.00

☐ Applied For  
☐ Not Applicable

☐ \$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

PASSALACQUA, JOHN  
4201 NORTH OCEAN DRIVE, #605  
HOLLYWOOD FL 33019

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent Office

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)

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

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

Typed or Printed Name of General Partner Signing Form

DATE 12-14-98

Daytime Telephone Number 954 905 0319

CR2E003 (8/98)