

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 |
|---|--|--|

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000062

PARKLAND COMMUNITIES, LTD.

Mailing Address
% GERALD GREENSPOON, ESO.
100 WEST CYPRESS CREEK RD., SUITE 700
FORT LAUDERDALE FL 33309

Principal Office Address
6650 CORAL SPRINGS ST
CORAL SPRINGS FL 33067

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
01/18/1994

5a. Capital Contributions as
Shown on record
\$100.00

3a. Date of Last Report
10/17/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation
FL

6. FEI Number
65-0462493

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

**GREENSPOON, GERALD
GREENSPOON, MARDER, ET AL.
100 W. CYPRESS CREEK RD., SUITE 700
FT. LAUDERDALE FL 33309**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt #, etc

City

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 |
| PARKLAND COMMUNITIES, INC. | 6650 NW 41ST ST | CORAL SPRINGS FL 3306 | P9400003617 |
| 900001994099--9 -11/01/86--01058--007 ****191.25 ****191.25 | | | |

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 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

Andrew Zuckerman

DATE

*10/21/96
904 752-4702*

Daytime Telephone Number

CR2E003 (6/96)