1.5	TS.
•	
DO NOT WRITE IN THIS SPACE	
Registered in Florida APRIL	1994
	Applied For
34604	Not Applicable
	ditional Fee required ertdicate of Status
y of Formalion FV	
8b, with a minimum filing fee of \$52.5	0 and a maximum of
n 1992 calendar year.	
al affidavit must be submitted along wi	ith a separate and
new registered agent/office	
otable) AR ~ 11.	4.58
····	
FL Zip C	ode
r the laws of the State of Florida, sub- arther(s). I hereby accept the appoint	
антоци, тогору ассерсите аррент	Intelli or registered
	nal
OTHER BUSINES	C ENTITY

LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

797000000578

1. Name of Limited Partnership

E AND L REALTY ASSOCIATION

	maximes, EIV			DQ NOT WRITE IN THIS SPACE				
2. Mailing Address 5105 Missisian Hills AVE	3. Principal Office Address 5105 MISSION Hills AVE		4. Date Form	led or Registered siness in Florida	APRIL	1994		
Suite, Apt. #, etc	Suite Apt #, etc		5. FEI Numb	er		Applied For		
City & State FL	City & State	FL	6.	484604		Not Applicable		
Zip Country	Zφ	Country		CERTIFICATE OF STATUS DESIRED Str /5 Additional Fee required for a Gertificate of Status				
33617 U.S.A.	33617	U.S.A.	7. State or C	7. State or Country of Formalion FL				
8a. Capital Contributions as Shown on Record 95,000.00 8b. Amount of Capital Contributions in FLORIDA to date (46,547.00)	Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and							
9. Name and Address of Current F	Registered Agent		10. If changed, new registered agent/office					
MANUEL ELETNO		Name	Name					
5105 Mission Hils AVE		Street Addres	s (P.O. Bax Number Is Not i	Acceptable)	112 5/1	J. 58		
· TAMPA, FL 3361M			Suite, Apt. #, etc					
		City			FL Zip	Code		
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered affice or relagent. (am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	gistered agent or both, in the St of section 620,192, Florida Statut	ate of Florida. Such change	was authorized by its gene	ral partner(s). I herei	by accept the appo	intment of registered		
MUST	BE REGISTERE	AND ACTIVE	WITH THIS O	FFICE.	TWOOINE.	33 LIVIII I		
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		11a, Registration Document Number		
E.G.L.M. CORP	5105 Mission	HILLS AVE	TAMPA FL	33617	P94000	029165		
			50	20002! 06/05 ****1	5.4865 798010 41.25 **	357 55002 ***141.25		
			50	00025 -06/05/ ****27	4869 980105 3.33 ***	157 5003 **273.33		
Note: General partners MAY NOT b	e changed on this	form: an amen	dment must be	filed to char	CC nana	ral partner		

12. I do hereby certify that the information supplied with this filing is voluntarily furn shed and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 thinker 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

M. ELKINO

Telephone Number

Mission Hills Properties, LTD Manuel Elkind 5105 Mission Hills Ave. Tampa, FL 33617 (813) 988-8232

May 15, 1998

Florida Department of State Sandra B. Mortham Secretary of State, Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (850) 487-6051

Dear Madam

Enclosed please find the Application for Reinstatement for Limited Partnership for the following three partnerships along with the checks and explanation for the payments.

E and L Realty Associates, LTD #A9400000578 Mission Hills Properties, LTD #A94000001195 Parkland Partners, LTD #A95000000762

I personally apologize for your not having received the Limited Partnership Annual Reports for filing prior to April 10, 1998. There was some confusion as the reports were mailed to my attention at 3100 S. Ocean Blvd. #404N, Palm Beach, FL 33480, which was always the registered address. I have not resided at that address for a period in excess of 6 months, thus the forms did not come into my possession until too late, and I did think (wrongly perhaps) that our accountant had received them and that they were in his possession and attended to.

In addition, I do not recall ever receiving a 60 day notice of intent to revoke.

I am enclosing the checks for each partnership and do hope that they will meet with your consideration and understanding in this matter.

Please note that my address is now changed to:

Manuel Elkind 5105 Mission Hills Ave. Tampa, FL 33617 (813) 988-8232

Please find the explanation of payments on the following page. I thank you once again and hope that you will accept my explanation at this time.

Yours truly,

Manuel Elkind

Deborah A Luca
Notary Public, State of Florida
My Comm. Expired Oct 17, 2000
No. CC594359
Bonded Thru: Official Notary Service
1-(800) 723-0121

UCS94359 Il Notary Service 0) 723-0121