

**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

SEP 21 PM 3:43

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001018

SOUTH WALK LTD.



Mailing Address

**3770 U.S. #1 SOUTH
ST. AUGUSTINE FL 32086**

Principal Office Address

**3770 U.S. #1 SOUTH
ST. AUGUSTINE FL 32086**

3. Date Formed or Registered

07/26/1994

5a. Capital Contributions as
Shown on record

\$160,000.00

3a. Date of Last Report

02/12/1996

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

151 CREEKSIDE DR.

2a. Principal Office Address

151 CREEKSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Augustine FL

City & State

ST. Aug. FL

Zip

32086

Country

USA

Zip

32086

Country

USA

6. FEI Number

59-3267962

☐ 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

**BURKHARDT, EDWARD
151 CREEKSIDE DR.
ST. AUGUSTINE FL 32086**

10. If changed, new Registered Agent/Office

Name

DEBRA COLLARD

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

151 CREEKSIDE DR.

Suite, Apt. #, etc.

ST. AUG.

City

ST. AUG.

FL

Zip Code

32086

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)

X Debra L. Collard

DATE **9-16-96**

**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)

PARKVIEW DEVELOPMENT CORP.,

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

151 CREEKSIDE DR.

11b. City, State & Zip Code

ST. AUGUSTINE FL 3208

11c. Registration/
Document Number

G59175

**100001989501--9
-10/29/96--01152--006
****576.25 ****576.25**

dcc

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

Edward Burkhardt
Edward Burkhardt

Debra Collard
DEBRA COLLARD
DATE **9/15/96**
Daytime Telephone Number **704 797-3537**

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/96)