

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

**A97000001951**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998

Florida Department of State  
Division of Corporations

**FILED**  
97 DEC 18 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001951

PARKLAND CAMELOT, LTD.

Mailing Address  
217 Seabreeze Avenue  
Suite 200  
Palm Beach, FL 33480

Principal Office Address  
217 Seabreeze Avenue  
Suite 200  
Palm Beach, FL 33480

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  
09/09/97

3a. Date of Last Report  
N/A

4. State or Country of Formation  
Florida

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

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
\$100.00

6. FEI Number  
☒ 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  
Neil Kozokoff  
217 Seabreeze Avenue  
Suite 200  
Palm Beach, Florida 33480

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 General Corp.	217 Seabreeze Ave. Suite 200	Palm Beach, FL 33480	P97000078085

**800002376338--B**

*BK 12/18/97*

**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  
Parkland General Corp., By: Neil Kozokoff, President  
Typed or Printed Name of General Partner Signing Form

DATE

9.09.97  
561-802-3823

Daytime Telephone Number

CP2E003 (6/97)

A9700001951

CONTACT:

CINDY HICKS

DATE:

12-18-97

REF. #:

0150.1227

CORP. NAME:

Parkland Camelot, Ltd.

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☐ ARTICLES OF INCORPORATION

☐ ARTICLES OF AMENDMENT

☐ ARTICLES OF DISSOLUTION

☒ ANNUAL REPORT

☐ TRADEMARK/SERVICE MARK

☐ FICTITIOUS NAME

☐ CERT. OF AUTHORITY

☒ LIMITED PARTNERSHIP

☐ LIMITED PARTNERSHIP

☐ REINSTATEMENT

☐ MERGER

☐ UCC-1

☐ UCC-3

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

AUTHORIZATION:

Cindy Hicks

COST LIMIT

\$ 156.25