

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 APR 27 AM 10:37



1. Name of Limited Partnership
1a. DOCUMENT #
A97000002557

PARCLAND ASSOCIATES, LTD.

Mailing Address
% THE GOODMAN COMPANY
777 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

Principal Office Address
% THE GOODMAN COMPANY
777 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

3. Date Formed or Registered
11/21/1997

5a. Capital Contributions
526.777

3a. Date of Last Report

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

2. Mailing Address
2a. Principal Office Address

4. State or Country of Formation
FL

156,777-

Suite, Apt. #, etc.
City & State
SUITE 1101E

6. FEI Number
65-0807037
☐ Applied For
☐ Not Applicable

Zip **Country**

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
SHEWALTER, WILLIAM
SUITE 1101, 777 S. FLAGLER DRIVE
WEST PALM BEACH FL 33401

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
PARCLAND GP, INC.	777 S FLAGLER DRIVE	WEST PALM BEACH FL 33	P97000098705

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-04/29/98--01096--003
******535.00 ****535.00**

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

William A. Shewalter

DATE

3/31/98

PARCLAND GP INC.

(561) 833-3777

CR2E003 (12/97)