DOCUMENT # B000000108 1. Entity Name									FILED				
PARKLANDS DEVELOPMENT LIMITED PARTNERSHIP								02 HAY 10 AM 8: 45					
Principal Place of Business 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES FL 34104			Mailing Address 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES FL 34104				SECRETARY OF STATE TALLAHASSEE FLORIDA				ı		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DUE BY MAY 1, 2002					
City & State			C	City & State				4. FEI Number 59-3559504 Applied For					
Zip		Country	Zi	p	Coun	itry		5. Certificate of	f Status Desired		Not Applicab 75 Additional Required	ie	
SOLOMON, A. JACK 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES FL 34104						7. Name and Address of New Registered Agent Name KenE Bloom Street Address (P.O. Box Number is Not Acceptable) 3185 Horseshoe Dr. S: First Floor City Naples FL Zip Code 34104							
B. The above BIGNATURE 9. Capital Co as Shown	Signature, typed ontributions on record.	submits this statement for E. Sorprinted name of registered agent a \$13,367,751.85	nd title if a	npplicable. 10. Amount of Capita in FLORIDA to da	Contrib	6/00 outions 20	885	ر اداع ر	4. 2 11. MAKE CHECK PAY, SEE REVERSE SID	FOR FE	DEPT. OF STATE		
	NOTE:	General Partners MA	Y NOT	be changed on th	e form	; an am	nendment	must be filed	to change a general	partner			
I2. DOCUMENT # IAME STREET ADDRESS CITY-ST-ZIP		EVELOPMENTS PARKLA SESHOE DRIVE SOUTH	ANDS,		ı	ET ADDRESS - ST-ZIP	3		ADDRESS CHANGES	ONLY		ZE003 (9/01)	
OCUMENT # IAME TREET ADDRESS	M0000000 PARKLANI 599 LEXIN	0673 OS DEVELOPMENT, L.L. GTON AVE., SUITE 380			ł	ET ADDRESS -ST-ZIP	3	-				- CR2E	
ITY-ST-ZIP	NEW YUR	K NY 10022				ET ADDRESS	<u> </u>	<u> </u>					
IAME TREET ADDRESS HTY-ST-ZIP					CITY-	ST-ZIP		g g	g g g g g	g		-	
OCUMENT #					STREE	ET ADDRESS			000563 -05/29/02 ****526, 25	-0105	0018		
TREET ADDRESS ITY-ST-ZIP					CITY-	ST-ZIP	<u> </u>]	
OCUMENT # AME TREET ADDRESS					STREE	T ADDRESS							
ITY-ST-ZIP					+	ST-ZIP	_					_	
AME Treet address ITY-ST-ZP					ı	T ADDRESS ST-ZIP						-	
4. Thereby c	ertify that the on this report	information supplied with t is true and accurate and the	his filing	g does not qualify for t signature shall have th	he exem	nption sta legal eff	ated in Sect ect as if ma	tion 119.07(3)(i), ide under oath; th	Florida Statutes. I further nat I am a General Partne	certify tha	at the information	- -	

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Devime Proces