

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # B00000000108

1. Entity Name
PARKLANDS DEVELOPMENT LIMITED PARTNERSHIP



Principal Place of Business
**3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES, FL 34104**

Mailing Address
**3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES, FL 34104**



03202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-3559504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLOOM, KENE
3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES, FL 34104**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000535418
05/08/06-80049-025 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000088237**
NAME **RONTO DEVELOPMENTS PARKLANDS, INC.**
STREET ADDRESS **3185 HORSESHOE DRIVE SOUTH**
CITY-ST-ZIP **NAPLES, FL 34104**

DOCUMENT # **M00000000673**
NAME **PARKLANDS DEVELOPMENT, L.L.C.**
STREET ADDRESS **599 LEXINGTON AVE., SUITE 3800**
CITY-ST-ZIP **NEW YORK, NY 10022**

DOCUMENT #
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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *KE BL* *Kenneth E. Bloom*

4-15-06

239-649-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE