


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B00000000108</b>	
1. Entity Name <b>PARKLANDS DEVELOPMENT LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104</b>	Mailing Address <b>3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104</b>
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04052007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3559504</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

U000000696656  
04/18/07-80002-025 500.00

**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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-9-07**  
Date

**239-649-6310**  
Daytime Phone #

STAPLE CHECK HERE