


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:52

| | | |
|---|--|---|
| DOCUMENT # B00000000108 | |  |
| 1. Entity Name PARKLANDS DEVELOPMENT LIMITED PARTNERSHIP | | |

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|--|--|
| Principal Place of Business 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104 | Mailing Address 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104 |
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| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04292008 Chg-LP CR2E003 (12/06)

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

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BLOOM, KENE 3185 HORSESHOE DRIVE SOUTH FIRST FLOOR NAPLES, FL 34104 | | Name KAREN WELKS Street Address (P.O. Box Number is Not Acceptable) 3185 HORSESHOE DRIVE SOUTH #2 City NAPLES FL Zip Code 34104 | |

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 Karen & Welks DATE 4-29-08

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------------|--------------------------|-------------------------------|
| DOCUMENT # | P97000088237 | STREET ADDRESS | |
| NAME | RONTO DEVELOPMENTS PARKLANDS, INC. | CITY-ST-ZIP | 400128679134 |
| STREET ADDRESS | 3185 HORSESHOE DRIVE SOUTH | | |
| CITY-ST-ZIP | NAPLES, FL 34104 | | 05/07/08--01002--018 **500.00 |
| DOCUMENT # | M00000000673 | STREET ADDRESS | |
| NAME | PARKLANDS DEVELOPMENT, L.L.C. | CITY-ST-ZIP | |
| STREET ADDRESS | 599 LEXINGTON AVE., SUITE 3800 | | |
| CITY-ST-ZIP | NEW YORK, NY 10022 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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: Ronto Developments Parklands, Inc KAREN F. WELKS DATE 4-29-08 DAYTIME PHONE # 239-649-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE