

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000108

1. Entity Name
PARKLANDS DEVELOPMENT LIMITED PARTNERSHIP



FILED

03 MAR 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
3185 HORSESHOE DRIVE SOUTH
FIRST FLOOR
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3559504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions
as Shown on record. \$13,367,751.85

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

800014246568
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

239.644 Phone # 318

CR2E003 (10/02)