I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered. 01/28/2024

SIGNATURE: JOHN CARL FALK

SIGNATURE:

General Partner Detail :

Document # Document # Name FALK, JOHN Name FALK, BARBARA 3350 N. KEY DR. #702 Address 3350 N. KEY DR. #702 Address City-State-Zip: NORTH FORT MYERS FL 33903 City-State-Zip:

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1500000822

Entity Name: THE CAMK FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

3350 N. KEY DR. #702 NORTH FORT MYERS. FL 33903

Current Mailing Address:

6442 PARK FOREST CIRCLE ELKRIDGE, MD 21075 US

FEI Number: 36-4184794

Name and Address of Current Registered Agent:

FALK, JOHN 3350 N. KEY DR. #702 NORTH FORT MYERS, FL 33903 US

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.

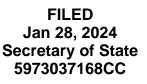
Electronic Signature of Registered Agent

NORTH FORT MYERS FL 33903

GENERAL PARTNER

Certificate of Status Desired: No

Electronic Signature of Signing General Partner Detail



Date

Date