

A00000001262

A Century  
PO Box 3501  
31102-1000 FL 32085

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

900003333849--3  
-07/24/00--01130--012  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

1. \_\_\_\_\_ (Corporation Name) (Document #)

W-18876

2. \_\_\_\_\_ (Corporation Name) (Document #)

100003352661--6  
-08/10/00--01081--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA  
30 AUG -8 AM 2:56

FILED

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8/11

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 28, 2000

R. GENTRY  
PO BOX 3501  
ST AUGUSTINE, FL 32085

SUBJECT: GARRY OWEN LIMITED  
Ref. Number: W00000018876

We have received your document for GARRY OWEN LIMITED and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 900A00041279

00 AUG 28 AM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

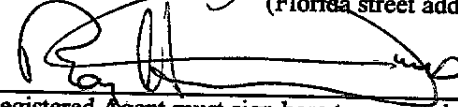
**CERTIFICATE OF LIMITED PARTNERSHIP**

1. Barry Owen Limited  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1099 Highway A1A S St Augustine FL  
(Business address of Limited Partnership)

3. Roy Hinman  
(Name of Registered Agent for Service of Process)

4. 1099 Highway A1A S St Augustine FL  
(Florida street address for Registered Agent)

5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1099 Highway A1A S St Augustine FL  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2060

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

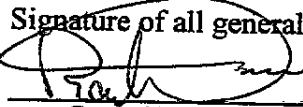
Roy A Hinman

1099 Hwy A1A S St Augustine FL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 4th day of August, 19 2000.

Signature of all general partners:  
  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Garry Owen Limited

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1000

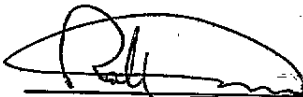
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1000

Signed this 4<sup>th</sup> day of August, ~~19~~ 2000

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

FILED  
00 AUG - 2000 AM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner