

A95000000281

SPEARNS WEAVER MILLER WEISSLER ALHADEFF & SUTTONSON, P. A.

MUSEUM TOWER

180 WEST FLAGLER STREET

MIAMI, FLORIDA 33139

MIAMI (305) 789-3200 • BROWARD (305) 463-5440
FAX (305) 789-3305

TAMPA OFFICE
SUITE #200
LANDMARK CENTRE
POST OFFICE BOX 3299
TAMPA, FLORIDA 33601
(813) 223-4800

FT. LAUDERDALE OFFICE
SUITE 1900
FIRST UNION CENTER
200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301
(305) 462-2500

SHARON QUINN DIXON
DIRECT LINE
(JOB) 789-3503

VIA CERTIFIED MAIL (#P006 076 909)

January 9, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

600001879786
-01/13/95--01010--005
***1837.50 ***1837.50

Re: Barbara S. Parrett Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed are two originals of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above-referenced limited partnership and a check in the amount of \$1,837.50 to cover the following:

Filing Fee	\$1,750.00
Registered Agent Fee	35.00
Certified Copy	52.50
Total:	<u>\$1,837.50</u>

FILED
FEB 15 1995

Please file one of the originals and return a certified copy to the undersigned. A return envelope is enclosed for your convenience.

Please do not hesitate to give me a call if you should have any questions.

Name	1/20/95
Availability	cke
Document Examiner	
Updater	
Update	SQD/kmj
Verifier	Enclosures, cc
CC:	Mrs. Barbara S. Parrett
33935-001	
Verifier	cc

Very truly yours,

Sharon Quinn Dixon
Sharon Quinn Dixon
For the Firm

TC
\$1,772,985.00

W95000001480

A95000000281



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 20, 1995

SHARON QUINN DIXON
STEARNS WEAVER MILLER WEISSLER ET AL
150 W. FLAGLER ST., MUSEUM TOWER
MIAMI, FL 33130

SUBJECT: BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.
Ref. Number: W95000001480

We have received your document for BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$1837.50. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

filed

You have listed the actual trust as the general partner. Therefore the trust must be on file with our office.

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

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 995A00002543

CERTIFICATE OF LIMITED PARTNERSHIP

OF

BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), hereby executes and submits for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:

BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

2. The office and principal place of business for the Partnership currently is:

1365 Westlake Blvd.
Palm Harbor, Florida 33563

3. The name and address of the agent for service of process on the Partnership is:

Sharon Quinn Dixon
150 West Flagler Street
Suite 2200
Miami, Florida 33130

4. The name and address of the General Partner of the Partnership is:

Barbara S. Parrett Trust
c/o Barbara S. Parrett, Trustee
1365 Westlake Blvd.
Palm Harbor, Florida 33563

G95046000067

5. The mailing address of the Partnership is:

1365 Westlake Blvd.
Palm Harbor, Florida 33563

6. The latest date upon which the Partnership shall dissolve is June 30, 2034.

FILED
2025 FEB 15 9:00

IN WITNESS WHEREOF, the undersigned has signed this Certificate as General Partner pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: December 15, 1994

GENERAL PARTNER:

BARBARA S. PARRETT TRUST

By: Barbara S. Parrett Trustee
Barbara S. Parrett, Trustee

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Sharon Quinn Dixon hereby accepts her appointment as registered agent for BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD. a Florida limited partnership, and states that she is familiar with and accepts the obligations provided for in Florida Statutes Section 607.0501.

FILED
1994 FEB 15 10:00
STATE OF FLORIDA

DATED: December 22, 1994

Sharon Quinn Dixon
Sharon Quinn Dixon

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
COUNTY OF Pinellas) SS:

BEFORE ME, the undersigned authority, personally appeared Barbara S. Parrett, Trustee of the Barbara S. Parrett Trust, as General Partner of BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), who states as follows:

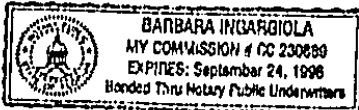
1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$1,772,885.00.
2. It is not anticipated that the Limited Partners will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

BARBARA S. PARRETT TRUST,
as General Partner

By: Barbara S. Parrett Trustee
Barbara S. Parrett, Trustee

FILED
1994 DEC 15
11:00

The foregoing instrument was acknowledged before me this _____ day of December, 1994 by Barbara S. Parrett, as Trustee of the Barbara S. Parrett Trust, the sole General Partner of BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.



Barbara Ingarbiola
Print or Stamp Name
Notary Public, State of Florida at Large
Commission No.:
My Commission Expires:

Personally Known _____ OR Produced Identification
Type of Identification Produced: FL DRIVER LICENSE

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNER ANNUAL REPORT 1996

A9500000281

FLORIDA DEPARTMENT OF STATE

FILED

95 DEC 12 PH 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1n. DOCUMENT #
A9500000281

BARBARA S. PARRETT FAMILY PARTNERSHIP, LTD.

Mailing Address

1365 WESTLAKE BLVD
PALM HARBOR FL 33563-3463

Principal Office Address

1365 WESTLAKE BLVD
PALM HARBOR FL 33563-3463

2. New Mailing Address (If Applicable)

3. New Principal Office Address (If Applicable)

If above addresses are not correct in any way, copy through the enclosed information and enter correct address in Block 2 and/or 3a

3. Date Formed or Registered in the State of FLORIDA
02/15/1995

3n. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
\$1,772,885.00

5b. Amount of Capital Contributions in FLORIDA to date
\$1,772,885.00

6. FID Number
59-3302862

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$5.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$42.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (not stated in section 607.193 F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$,776.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**DIXON, SHARON QUINN
150 WEST FLAGLER STREET, SUITE 2200
MIAMI FL 33130**

10. If changed, new Registered Agent's Name

Name

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

State, Apt. # and

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.3051 and 620.392 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am to take & to accept the obligations of section 620.392 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

BARBARA S. PARRETT TRUST

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1365 WESTLAKE BLVD

11b. City, State & Zip Code

PALM HARBOR FL 33563

11c. Registry/Document Number

G95046000067

**000001667370
-12/21/95--01014--004
****576.25 ****576.25**

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Florida Statutes.

SIGNATURE

Barbara S. Parrett

DATE

12-5-95

Typed or Printed Name of General Partner (Signed For)

Barbara S. Parrett

Telephone Number

813-786-1966