A95000000834

TODD A. STARZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 2:10

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

1. Coggin Diversified Companies, Ltd.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

000001508080
-06/08/95--01047--008
***1837.50 ***1837.50

[XX] Walk in [XX] Pick up time 2:00 6-1-95 [X] Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

RECEIVED
95 JUN -1 AM 11:33
DIVISION OF CORPORATIONS

NEW FILINGS	
	Profit
	NonProfit
	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
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX 1750.00
FILING 35.00
R. AGENT FEE 52.50
C. CERT
TOTAL 1837.50
E. BANK
BALANCE DUE
MEMO

6/1/95

Examiner's Initials BM

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partner represents that it is forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (the "Act"), and that it has executed this Certificate of Limited Partnership pursuant to the foregoing Act and states herein as follows:

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I. Name

The name of the limited partnership is COGGIN DIVERSIFIED COMPANIES, LTD.

II. Records of the Partnership

The address of the office in Florida at which place the records of the partnership shall be maintained is as follows:

7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

III. Registered Agent

The address of the registered office of the partnership and the name of the registered agent for service of process located at that office is as follows:

CLC, Inc.
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

IV. General Partner

The name and business address of the general partner of the partnership are as follows:

P94000064422

CLC, Inc.
7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

V. Mailing Address

The mailing address of the partnership is as follows:

7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

VI. Dissolution

The latest date on which the partnership is to dissolve is December 31, 2049.

WHEREFORE, the undersigned, being the sole General Partner of the partnership, has executed this Certificate of Limited Partnership on May 31, 1995.

CLC, INC.,
General Partner

By: _____
Name: Luther W. Coggin
Title: _____

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LAK-82303

LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT Coggin Diversified Companies, Ltd.
(Name of Limited Partnership)

WITH ITS PLACE OF BUSINESS AT: 7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

HAS NAMED CLC, Inc., a Florida corporation
(Name of Registered Agent)

LOCATED AT: 7400 Baymeadows Way, Suite 200
Jacksonville, Florida 32256

(Street Address and Number of Building, Post Office Box Addresses ARE NOT Acceptable)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CITY OF JACKSONVILLE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

CLC, INC.,
General Partner

By: Luther W. Coggin
Name: Luther W. Coggin
Title: President
Date: 5-31-95

Having been named to accept Service of Process for the above-stated Limited Partnership at the place designated in this certificate, CLC, Inc. hereby agrees to act in this capacity. CLC, Inc. further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and CLC, Inc. accepts the duties and obligations of Section 620.192, Florida Statutes.

CLC, Inc.

(Registered Agent)

By: Luther W. Coggin

Name: Luther W. Coggin

Title:

Date: May 31, 1995

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DIVISION OF CORPORATIONS
95 JUN -1 PM 2:11

LAK-02303

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Luther W. Coggin, who is an authorized officer of CLC, Inc., the sole general partner of Coggin Diversified Companies, Ltd., a Florida limited partnership (the "Partnership"), and who, upon being sworn, certifies on behalf of the general partner as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is $-0- as of this date.

2. The total amount of capital anticipated to be contributed by the limited partners of the Partnership is $10,000,000.

This 31st day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of knowledge and belief.

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95 JUN -1 PM 2:41

CLC, INC.,
General Partner

By: Luther W. Coggin
Name: Luther W. Coggin
Title: President

STATE OF FLORIDA

COUNTY OF DUVAL

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the state and county set forth above, personally appeared Luther W. Coggin, who executed the foregoing Affidavit of Capital Contributions, and who acknowledged to me and before me that he executed this affidavit as an authorized officer of the general partner of said Coggin Diversified Companies, Ltd.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid this 31st day of May, 1995.

Wilma S Gallagher
Notary Public - State of Florida
Print Notary Name:
My Commission Number is:
My Commission Expires:

Personally Known ✓
Produced Identification ____
Type of Identification ____

NOTARY PUBLIC STATE OF FLORIDA
WILMA S GALLAGHER
COMMISSION NUMBER
CC429193
MY COMMISSION EXP.
FEB. 4,1999

LAK-82310

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DIVISION OF CORPORATIONS
95 JUN -1 PM 2:11

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 NOV 21 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
COGGIN DIVERSIFIED COMPANIES, LTD.

1a. DOCUMENT # A95000000834

2. New Mailing Address, if Applicable
Suite, Apt. # etc.
City, State & Zip

FLORIDA DEPARTMENT OF STATE
11/27/95--01026--006
****576.25 ****576.25

Mailing Address
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32256

Principal Office Address
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32256

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2a. New Principal Office Address, if Applicable
Suite, Apt. # etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 06/01/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $10,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 59-3337730

7. CERTIFICATE OF STATUS IS REQUIRED
Applied For
Not Applicable
$8.75 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 $52.50 and a maximum of $437.50
2) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($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
CLC, INC.
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32256

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # etc.
City
FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 familiar with, and accept the obligations of section 620.102, 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)	11a. Address of Each General Partner (DO NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registrator/ Document Number
CLC, INC.	7400 BAYMEADOWS WAY,	JACKSONVILLE FL 32256	P94000046422

AR - $ 437.50
SF - $ 138.75
11-22-95

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i), in the event that the information supplied is deemed exempt from public access. 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 Wilma S. Gallagher, Secretary DATE 9-22-95

Typed or Printed Name of General Partner Signing Form: Wilma S. Gallagher, Secretary of CLC, INC. Telephone Number: 904-730-2464

CR2E003 (6/95)

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