

A95000001029

Ernest Mascara P.A.  
Law Offices

Glades Building  
Suite 303  
877 Executive Center Dr. W.  
St. Petersburg, FL 33702

P.O. Box 22095  
St. Petersburg, FL 33742  
Phone: (813) 579-1200  
Fax: (813) 579-1202

July 7, 1995  
Via UPS Next Day Air  
(Monday delivery)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 10 PM 1:51

Attorney's Title Insurance Fund, Inc.  
Leon Branch  
660 East Jefferson, Suite 200  
Tallahassee, Florida 32301

Return to  
PLU 2-16 9:00 AM

Re: CANTERBURY PARTNERS I, LTD.

800001535448  
-07/12/95--01012--016  
\*\*\*1827.50 \*\*\*1827.50  
800001535448  
-07/12/95--01012--017  
\*\*\*1827.50 \*\*\*1827.50  
800001535448  
-07/12/95--01012--017  
\*\*\*1827.50 \*\*\*1827.50

Dear Fund:

Enclosed herewith are two original copies each of the Limited Partnership Agreement, the Certificate of Limited Partnership, and the Affidavit with regard to the above referenced Limited Partnership along with our check made payable to the Secretary of State in the amount of \$1837.50 for its \$1750.00 filing fee, its \$35.00 registered agent fee, and the \$52.50 fee for certified copy.

Please walk this through, and return our certified copy via your courier as soon as possible.

If you have any questions, please telephone.

Thank you very much for your assistance.

Very truly yours,

Jane Morrow

Jane Morrow  
Secretary to Ernest Mascara

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUL 10 PM 1:51

C. FAX \_\_\_\_\_  
FILING 1750.00  
AGENT FEE 35.00  
COPY 52.50  
TOTAL 1837.50  
BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
DATE \_\_\_\_\_

jm

BK

7/10/95

CERTIFICATE OF LIMITED PARTNERSHIP

OF

CANTERBURY PARTNERS I, LTD.

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION  
95 JUL 10 PM 1:53

This Certificate of Limited Partnership of CANTERBURY PARTNERS I, LTD. is prepared and recorded in accordance with the provisions of the Uniform Limited Partnership law as contained in Chapter 620 of the Florida Statutes. The Certificate of Limited Partnership of CANTERBURY PARTNERS I, LTD. is as follows:

1. The name of this limited partnership is CANTERBURY PARTNERS I, LTD.
2. The location of the principal place of business of the Partnership shall be at: 2323 Bellenir Road, Clearwater, Florida 34624, and the name and address of the agent for service of process is: Simon Ager, 2323 Bellenir Road, Clearwater, Florida 34624.
3. The name and business address of each general partner is as follows:

The General Partner:

DONALDSON HOMES CORPORATION  
23 Bellenir Road  
Clearwater, Florida 34624

893000046774

4. A mailing address for the partnership is 2323 Bellenir Road, Clearwater, Florida 34624.
5. The latest date upon which the Partnership is to dissolve is December 31, 1996.

IN WITNESS WHEREOF the undersigned has hereunto signed the foregoing Certificate of Limited Partnership this 7<sup>th</sup> day of July, 1995, and hereby affirms under penalties of perjury that the facts stated therein are true.

DONALDSON HOMES CORPORATION, a Florida corporation

By: *Simon Ager*  
Its vice President

(CORPORATE SEAL)

ACCEPTANCE

I hereby agree to act as initial Registered Agent for CANTERBURY PARTNERS I, LTD., as stated in this Certificate of Limited Partnership.

*Simon Ager*  
SIMON AGER

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 JUL 10 PM 1:51

AFFIDAVIT

STATE OF FLORIDA )  
COUNTY OF PINELLAS )

BEFORE ME, the undersigned authority, personally appeared SIMON AGER, the Vice-President of DONALDSON HOMES CORPORATION, a Florida corporation, the sole general partner of CANTERBURY PARTNERS I, LTD., a Florida limited partnership, who upon first being duly sworn, deposes and says:

That he is the Vice-President of DONALDSON HOMES CORPORATION, a Florida corporation, who is the sole general partner of CANTERBURY PARTNERS I, LTD., a Florida limited partnership, and has the authority to make this Affidavit on its behalf.

The initial capital contribution to be made by the limited partner on this date shall be \$25,000.00 and the maximum amount of capital contributions to be made by the limited partner to the limited partnership shall be THREE HUNDRED THOUSAND AND NO/100 DOLLARS (\$300,000.00) as of the date hereof.

FURTHER AFFIANT SAYETH NOT.

DONALDSON HOMES CORPORATION,  
a Florida corporation

BY: *Simon Ager*  
SIMON AGER, its Vice-President

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of July, 1995, by SIMON AGER, as Vice-President of DONALDSON HOMES CORPORATION, a Florida corporation, who is personally known to me and who took an oath.

*Ernest L. Mascara*  
SIGNATURE  
Ernest L. Mascara  
PRINTED NAME

(SEAL)

NOTARY PUBLIC

My Commission Expires:



FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Candice McWhorter  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 MAR -7 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of the Partnership  
**1a. DOCUMENT #  
A95000001028**  
VOGT FAMILY LIMITED PARTNERSHIP

Main Office Address  
2741 NE 57TH STREET  
FORT LAUDERDALE FL 33300  
Principal Office Address  
2741 NE 57TH STREET  
FORT LAUDERDALE FL 33300

State or address and county of any other office through which the partnership does and orders business to be conducted in Block 2 and on a

3. Date Form and Report Filed in Florida  
FLORIDA 07/10/1995  
3a. Date of last Report  
N/A  
4. State or County of Formation  
FL

5a. Capital Contributions as of the end of the year  
\$880,000.00  
5b. Amount of Capital Contributions in Florida for the year  
\$822,000  
6. Filing Number  
65-0592974

2. How Made (Specify if Applicable)  
Date: Apt. # etc.  
City, State & Zip  
2a. How From principal Office Address, if Applicable  
Date: Apt. # etc.  
City, State & Zip

7. CERTIFICATE OF STATUS REQUIRED  
\$25.75 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 \$12.50 and a maximum of \$437.  
2) Supplemental Fee \$130.75 (pursuant to section 607.193, F.S.)  
TOTAL AMOUNT DUE: STATE FEE \$130.75 + \$52.50 + \$130.75 ADDITIONAL FEE \$130.75 + \$130.75 + \$130.75  
TOTAL \$576.25 (\$417.50 + \$158.75)  
If no amount entered in 5b or 5a plus that amount entered in 7a, 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  
SCIARRETTA, STEVEN A ESQ  
SCIARRETTA & SCHNER, P.A.  
1900 GLADES ROAD, SUITE 355  
BOCA RATON FL 33431

10. If changed, new Registered Agent Office  
Name  
Sciarretta, Steven  
Street Address (P.O. Box Number, if not Acceptable)  
2300 Glades Rd., Suite 302E  
Date: Apt. # etc.  
City Boca Raton FL 33431

10a. Pursuant to the provisions of sections 607.193 and 607.194, Florida Statutes, the above named 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 the (or each partner(s)) who by its acceptance of the appointment of registered agent, is familiar with, and accepts the obligations of section 607.193, Florida Statutes.  
DATE 3/5/96

SIGNATURE (Registered Agent Accepting Appointment)  
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (except those that are in Block 9)	11b. City, State & Zip Code	11c. Registration Document Number
VOGT, GARY S	2741 NE 57TH STREET	FT LAUDERDALE FL 33300	900001738289 -03/11/96--01013--012 ****576.25 ****576.25
VOGT, VERONICA	2741 NE 57TH STREET	FT LAUDERDALE FL 33300	

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

12. I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a partner in the partnership named herein. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).  
SIGNATURE Gary S. VOGT  
GARY S. VOGT  
DATE 2/27/96  
Telephone Number 954-491-2806

CREC03 (11/95)

A9500001029

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Jo Claire Spear, P.A. EIN or SS#: 59-3451340

Address: 877 Executive Center Dr. W., Suite #303, St. Petersburg, FL  
33702

Amount: \$52.50 Date Paid: By check dated 8/18/97, copy attached, which was submitted on or about 8/20/97.

Reason for Claim: Refund requested.

NAME: CANTERBURY PARTNERS I, LTD. Document #A95000001029

Registration Section/Tammi Cline

Certified true and correct this 8th day of September, 19 97.

Signature Jo Claire Spear

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 52.50

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on:

State Treasurer's Receipt No. 01053-015 dated 08/25/97

NAME OF ACCOUNT: 4520213000145300000000010000

Statutory Authority for Collection 620.0182  
It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations  
(Agency)

(Authorized Agency Signature and Title)