

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 111, Tallahassee, FL 32304
Mailing Address: Post Office Box 1230
TOL: (904) 221-1122 FAX: (904) 221-1122

A9500000

The Limited Family Partnerships Greenment
of Brampton
Blues, Ltd
a Florida Kim Partnership

52136

C.C. FEE. DISBURSED

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

- Capital Express™
- Art. of Inc. Filing
- Corp. Record Search
- Ltd. Partnership Filing
- Foreign Corp. Filing
- () Cert. Copy(s)
- Art. of Amend. Filing
- Dissolution/Withdrawal
- C U S-
- Filioious Name Filing
- Name Reservation
- Annual Report/Reinstatement
- Reg. Agent Service
- Document Filing
- Corporate Kit
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 Filing
- UCC 11 Search
- UCC 11 Retrieval
- Filing No.'s. Copies
- Courier Service
- Shipping/Handling
- Phone ()
- Top Priority
- Express Mail Prop.
- FAX () pgs.

Service: Top Priority _____ Regular _____
One Day Service Two Day Service
To us via _____ Return via _____
Matter No.: _____ Express Mail No. _____
State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 13 AM 10:19

REC 9/13/95

C. IAA _____
FILING 1,036.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1,123.50
N. BANK _____
BALANCE DUE _____
REFUND _____

700001582807
-09/13/95-01054-007
***1123.50 ***1123.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
.....	\$

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME _____ BY MLC CK No. _____

WALK-IN Will Pick Up 9/13 12:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE LIMITED FAMILY PARTNERSHIP AGREEMENT
OF GRAHAM BLUES, LTD.,
a Florida LIMITED PARTNERSHIP

FILED
SECTION OF CORPORATIONS
DIVISION
HIDE-49
95 SEP 13

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is THE LIMITED FAMILY PARTNERSHIP AGREEMENT OF GRAHAM BLUES, LTD., a Florida LIMITED PARTNERSHIP.

2. The address of the office of the Partnership is _____
2238 Coventry Drive, Winter Park, FL 32792

3. The name and address of the agent for service of process on the Partnership are Faith K. Stalnaker, Atty., 300 International Parkway, Suite 376, Heathrow, Florida 32746.

4. The name and address of the general partner is COVENTRY, INC., a Florida Corporation, 2238 Coventry Drive, Winter Park, FL 32792

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5. The mailing address of the Partnership is _____
2238 Coventry Drive, Winter Park, FL 32792

6. The latest date upon which the Partnership shall dissolve is September 1, 2015.

7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by COVENTRY, INC., a Florida Corporation, General Partner.


The execution of this certificate by the undersigned general

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SECRETARY OF CORPORATIONS
95 SEP 13 AM 10:49

partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by the general partner of THE LIMITED FAMILY PARTNERSHIP AGREEMENT OF GRAHAM BLUES, LTD., a Florida LIMITED PARTNERSHIP, this 13 day of Sept., 1995.
GENERAL PARTNER:

COVENTRY, INC.
a Florida Corporation

BY: 
Laura W. Grayson, Pres.

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for THE LIMITED FAMILY PARTNERSHIP AGREEMENT OF GRAHAM BLUES, LTD., a Florida LIMITED PARTNERSHIP (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process on the Partnership and to comply with any and all Statutes relative to the duties of a registered agent including F.S. 620.192.


FAITH K. STALAKER

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of THE LIMITED FAMILY PARTNERSHIP AGREEMENT OF THE GRAHAM BLUES, LTD., a Florida LIMITED PARTNERSHIP, certifies as follows:

The amount of capital contributions to date of the limited partnership is \$0.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$148,000.00.

This 13 day of Sept., 1995.

FURTHER AFFIANT SAYETH NOT.

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

COVENTRY, INC.
a Florida Corporation

BY: Laura W. Grayson
Laura W. Grayson, Pres.



FAITH K. STALAKER
My Commission GC342938
Expires Jan. 19, 1998
Bonded by HAI
800-422-1858

STATE OF FLORIDA
COUNTY OF SEMINOLE

BEFORE ME, personally appeared LAURA W. GRAYSON, President of COVENTRY, Inc., a Florida Corporation, individually, to me well known and known to me to be the persons described in and who executed the foregoing AFFIDAVIT OF CAPITAL CONTRIBUTIONS, and acknowledge to and before me that she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 13 day of Sept, 1995, in the aforesaid County and State.

My Commission Expires:

Faith K. Stalnakier
NOTARY PUBLIC



FAITH K STALNAKIER
My Commission CC342938
Expires Jan. 10, 1998
Bonded by FIAI
800-422-1656

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DIVISION OF CORPORATIONS
95 SEP 13 AM 10:49

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 M. Murray
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -4 PM 1:58

WR
1/10

1. Name of Partnership
GRAHAM BLUES, LTD.

1a. DOCUMENT #
A9500001356

2. Home Mailing Address of Applicant
3. Home Office Address
4. Home Office Address
2238 COVENTRY DRIVE
WINTER PARK, FL 32792

2. Home Mailing Address of Applicant
State Apt # etc 302 S. GRAHAM AVE.

City State & Zip ORLANDO, FL 32803

2a. Home Office Address of Applicant

State Apt # etc 302 S. GRAHAM AVE.

City State & Zip ORLANDO, FL 32803

3. Date Formed or Day Started to Do Business in
FLORIDA SEPT 13, 1995

3a. Date of Last Report
FLORIDA

4. State of Country of Formation
FLORIDA

5a. Capital Contributions as Reported
\$148,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$38,681.18

6. FIDEL number
59-3334201

7. CERTIFICATE OF STATUS REQUIRED

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 (paid to section 607.102, F.S.) AND NO MORE THAN \$570.75 (\$437.50 + \$138.75)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) in the State of Florida. Such change must be submitted along with a separate and appropriate filing fee
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

10. Name and Address of Registered Agent

9. Name and Address of Current Registered Agent
FAITH K. STALNAKER
300 INTERNATIONAL PARKWAY STE 376
HEATHROW, FL 32746

Name LAURA GRAYSON
Street Address (P.O. Box Number is Not Accepted)
302 S. GRAHAM AVE.

City ORLANDO, FL
State FL
Zip Code 32803

10a. Pursuant to the provisions of sections 620.1091 and 620.102 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits its 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, the undersigned, submit this statement as agent familiar with and accept the obligations of sections 620.102 Florida Statutes.
SIGNATURE (Registered Agent Accepting Appointment) *Laura Grayson* DATE 28 Dec 1995

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)
COVENTRY, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number)
2238 COVENTRY DRIVE
WINTER PARK, FL
32793

11b. City, State & Zip Code
WINTER PARK, FL
32793

11c. Registered Document Number
P95000069945

600001886246
-01/11/96--01018--010
***409.52 ***409.52

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)(b) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effect as if made under oath. I am a General Partner of the limited partnership received or trustee contemplated by this filing as required by Chapter 609, Florida Statutes.
SIGNATURE *Laura W. Grayson, President*
COVENTRY, INC.

DATE 28 Dec 1995
A07-677-8849

Telephone Number

Typed or Printed Name of Partner Signing Form

CR2E003 (6/95)