

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # A99000001875

1. Name of Limited Partnership

BEHN PROPERTIES, LTD.

02 DEC 16 AM 8: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

,60<u>0</u>009430136___

				•	12/10/02010)	.7002	**2052.50	
2. Principal Office Address 3608 Wilder Lane		3. Mailing Office Address 3608 Wilder Lan		4	4. Date Formed or Registered To Do Business in Florida 11/12/1999			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5	5. FEI Number Applied For		Applied For Not Applicable	
City & State		City & State Orlando, FL		6	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Zip Country 232804 USA		Zip	Zip Country 32804 USA		7a. Capital Contributions as shown on Record: \$638,197.56			
02004		ss of Current Registered Age			7b. Amount of Capital Contributions in FLORIDA to date: \$638,197.56			
Behn, Jeron Street Address (P.O. Box 3608 Wilder Land Suite, Apt. #, Etc. City Orlando	Number is Not Accepta	State	1 — 1		1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
agent. I am familiar with SIGNATURE (Registered Ag	n, and accept the obligations ent Accepting Appointment) PARTNER THA	s of section 620.192, Florida Statute	ION, LIMITED	PARTI	DATE NERSHIP OR OTHE H THIS OFFICE.	·		
10. Name(s) of General Partner(s) (E			Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		Registration Document Number	
Behn, LLC		3608 Wilder La	3608 Wilder Lane		Orlando, FL 32804		0007718	
and the state of t			REIN		TATEMENT 20		21-2002	
Note: Comoral		OT he changed on th			nt must be filed to ch		Outside a	
11. I do hereby certify the Corporations from an on this annual report	at the information supplied only liability of non-compliance is true and accurate and the	with this filing is voluntarily furnished o with Section 119.07(3)(i) in the eve at my signature shall have the same uired by chapter 620, Florida Statute	and does not qualify for the that the information sup- legal effects as if made u	he exemption	stated in Section 119.07(3)(i), Florid led exempt from public access. I fur- lither certify that I am a General Part	a Statutes. I release their certify that the ner of the limited p	se the Division of information indicated partnership, receiver or	
Typed or Printed Name of	T.	Jerome G. Behn, Ma	anaging Membe	r	Telephone Number	11/21, 407)64°	9-1633	