Oak Crest, Inc.

B95000000232

Jun 2, 19

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

Re: Oak Crest Partners, L.P.

Dear Sirs:

Enclosed is our completed APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA, together with the general partner's AFFIDAVIT OF CAPITAL CONTRIBUTIONS.

Also enclosed is our check in the amount of $1,006.25 which represents the following:

Application/affidavit fee @ $7/1,000	$962.50
Designation of registered agent	35.00
Certificate under seal	8.75
	$1,006.25

FILED
95 JUN 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001525612
-06/28/95--01039--015
***1006.25 ***1006.25

Please send the above "certificate" to:

Ronald H. Schutz, Treasurer
Oak Crest, Inc.
1947 Woodlawn Ave.
Griffith, IN 46319

Please consider the above as the "contact person" who can be reached at (219) 838-2300 every day (except Thursdays) from 8:00 a.m. to 5:00 p.m. CDT. Also, please send acknowledgement to the above.

Very truly yours,

Ronald H. Schutz
Treasurer

Enclosures

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgment	DCC
P. Verifyer	DCC

C. TAX
FILING 97.50
R. ACCT FEE
C. SERT 8.75
TOTAL
N. CERT
BALANCE DUE
REFUND

-TC
$137,500.00

B95000000232

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. OAK CREST PARTNERS, L.P.
(Name of limited partnership as it is in the home state;

2 OAK CREST PARTNERS, LIMITED PARTNERSHIP
.(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. INDIANA
(State of Formation)

4. 5/1/92
(Date of Formation)

5. William J. Brant, Jr.
(Name of Registered Agent for Service of Process)

6 17568 Fairmeadow Drive
(Street Address of Registered Office)

Tampa,
(City)

, Florida 33647
(Zip Code)

FILED
95 JUN 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7.Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)

8. 1947 Woodlawn Avenue, Griffith, IN 46319
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Oak Crest, Inc. P23009

SPECIFIC ADDRESS
1947 Woodlawn Avenue
Griffith, IN 46319

10. 1947 Woodlawn Avenue, Griffith, IN 46319
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 1947 Woodlawn Avenue, Griffith, IN 46319
(Mailing Address of Limited Partnership)

This 12th day of June 19 95.

General Partner William J. Brant, Jr.

STATE OF INDIANA

COUNTY OF LAKE

THE FOREGOING instrument was acknowledged and sworn to before me this 12th day of June, 19 95, by William J. Brant, Jr. (Name of General Partner) of Oak Crest, Inc., general partner of Oak Crest Partners, Limited Partnership (Name of Limited Partnership), A N Indiana (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public

State of Indiana at Large

(SEAL)

My Commission Expires:
January 19, 1997

FILED
95 JUN 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared William J. Brant, Jr., a general partner of Oak Crest Partners, L.P., a (an) Indiana limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 137,500.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 137,500.

This 12th day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

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

FILED
95 JUN 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Partner

William J. Brant, Jr.

STATE OF INDIANA
COUNTY OF LAKE
DATE June 12, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared William J. Brant, Jr. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 12th day of June, 19 95.

Seal

Notary Public

State of Indiana at Large

My Commission Expires:
January 19, 1995

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
95 DEC 19 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # B95000000232

OAK CREST PARTNERS, LIMITED PARTNERSHIP 96 AR

CM

Mailing Address	Principal Office Address
1947 WOODLAWN AVENUE	1947 WOODLAWN AVENUE
GRIFFITH IN 46319	GRIFFITH IN 46319

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

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
06/19/1995		IN

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$137,500.00		35-1887938	Applied For ☐ Not Applicable ☐

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	10. If changed, new Registered Agent/Office
BRANT, WILLIAM J JR 17908 FAIRMEADOW DRIVE TAMPA FL 33647	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.105 and 620.192 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 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

IF 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. Registration/ Document Number
OAK CREST, INC.	1947 WOODLAWN AVENUE	GRIFFITH IN 46319	P23881

700001675117
-01/02/96--01043--020
****576.25 ****576.25

CR2E003 (6/95)

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)(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 Ronald H. Schultz DATE 12/18/95

Typed or Printed Name of General Partner Signing Form RONALD H. SCHULTZ, TREASURER Telephone Number (219) 838-2100
OAK CREST, INC.