

# A95000000438

## CREDIT RECOVERY SERVICES, INC.

304 S. MILITARY TRAIL  
DEERFIELD BEACH, FLORIDA 33442  
(305) 420-4001  
(305) 606-0067 FAX

Secretary of the State  
409 E. Gaines St.  
Tallahassee, FL 32399

900001435479  
-03/21/95--01127--013  
\*\*\*525.00 \*\*\*87.50

Re: VinFlo Management, Inc.

We enclose for recording or filing the following checked documents:

- Financing statement - UCC
- Termination of financing statement
- Articles of Incorporation
- Trademark Application
- Articles of Amendment of Corporation
- Assignment for the Benefit of Creditors
- Real Estate Mortgage
- Limited Partnership
- Copyright Application

FILED  
ISS MAR 17 PM 2:00  
TALLAHASSEE FLORIDA

Name	3/17/95
Availability	cler
Document Examiner	
Updater	
Updater Verifier	
Ackno	cooperation
W. P. Verlyer	UCC

Assent form

Other: \_\_\_\_\_

C. TAX	
FE	87.50
RE	
C	
RE	
EST. DUE	
REFUND	

Recording fees (if applicable) of \$122.50<sup>525.00</sup> are enclosed. Please return proof of filing to the undersigned and we thank you for your cooperation.

Very truly,

21,000.00

W95000005975

A95000000438

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1. Caggia Lovell Family Limited Partnership  
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1318 S.E. 14th Terrace, Deerfield Beach, Fl 33441  
(The Business Address of Limited Partnership)
3. Vincent P. Caggia, Sr.  
(Name of Registered Agent for Service of Process)
4. 1318 S.E. 14th Terrace, Fl 33441  
(Florida street address)
5. *Vincent P. Caggia Sr.*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. 1318 S.E. 14th Terrace, Deerfield Beach, Fl 33441  
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

FILED  
1955 MAR 17 AM 2:00  
FILE

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
<u>Vin Flo Management, Inc.</u>	<u>1318 SE 14th Terrace,</u>
<u>P95000021783</u>	<u>Deerfield Beach, Fl 33441</u>
_____	_____
_____	_____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Caggia Lovell Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 7 day of MARCH, 1995.

FURTHER AFFIANT SAYETH NOT.

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

*Thomas P. Caggia*  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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1995 MAR 17 AM 2:00  
STATE OF FLORIDA  
TALLAHASSEE COUNTY

Signed this: 7 day of MARCH, 1995.

Signature of all general partners:

*Richard P. Cappuccini*  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

FILED  
1995 MAR 17 AM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Capital Services  
Secretary of State  
THE SECRETARIAT BUILDING

**FILED**  
95 DEC 15 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

To: **DOCUMENT #**  
**A95000000438**

**CAGGIA LOVELL FAMILY LIMITED PARTNERSHIP**

Maining Address: **1318 S.E. 14TH TERRACE  
DEERFIELD BEACH FL 33441**  
Principal Office Address: **1318 S.E. 14TH TERRACE  
DEERFIELD BEACH FL 33441**

If above addresses are in error in any way, file through the six printed information and enter correct address in Block 2 and/or 2a.

3. Date Form or Registered to Do Business in FLORIDA: **03/17/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. State or County of Formation: **FL**

5a. Capital Contributions as Shown on Record: **\$1,000.00**  
5b. Amount of Capital Contributions in FLORIDA to Date: **\$1,000.00**  
6. FID Number: **65-056-9440**

7. CERTIFICATE OF STATUS REQUIRED  
Applied For:   
Not Applicable:   
\$5.75 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 \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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  
**CAGGIA, VINCENT P SR  
1318 S.E. 14TH TERRACE  
DEERFIELD BEACH FL 33441**

10. If changed, new Registered Agent/Office  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_  
State: **FL** Zip Code: \_\_\_\_\_

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership registered 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: \_\_\_\_\_

**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
VIN FLO MANAGEMENT, INC.	1318 SE 14TH TERRACE	DEERFIELD BEACH FL 33	P95000021783

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 supplied with this filing is accurately furnished and does not qualify for the exemptions stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(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 effect 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 section 620.192, Florida Statutes.

SIGNATURE: *Vincent P. Caggia* DATE: **12-12-95**  
Typed or Printed Name of General Partner: **VINCENT P. CAGGIA SR** Telephone Number: **305-570-4069**

CR2E003 (6/95)