

A95000001162
SMITH, WILLIAMS & HUMPHRIES

ATTORNEYS AT LAW

MARGARET E. BOWLES
REBECCA H. FOREST
ROBERT L. HARDING
J. GREGORY HUMPHRIES
DANIEL W. KING
GREGORY E. MIELZOWSKI
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OF COUNSEL
JEFFREY A. AMAN
THOMAS P. SCHMITT

*ALSO ADMITTED VA BAR

201 EAST PINE STREET
SUITE 701
ORLANDO, FLORIDA 32801

(407) 849-5151

FAX (407) 843-4076

TAMPA OFFICE:

OLD HYDE PARK
712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606
(813) 253-5400
FAX (813) 254-3459

100001551151

-08/01/95--01100--008

87.5087.50

PLEASE REPLY TO ORLANDO

July 28, 1995

Via UPS Delivery
Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, Florida 32399

Re: Dealership Properties, Ltd.
Our Client No. 1867-2

Gentlemen:

Enclosed please find two original Certificates of Limited Partnership with Affidavits for the above partnership, along with a check made payable to the Department of State in the amount of \$87.50 representing the required filing fees.

I would appreciate your filing the Certificates and returning the certified copy to me as soon as possible.

If you have any questions or need additional information, please contact me at the above-listed Orlando number.

Sincerely,

J. Gregory Humphries
J. Gregory Humphries

JGH/kk
Enclosures

8-1-95 aw

FF - \$52.50
RA - 35.00

FILED
JUL 31 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
DEALERSHIP PROPERTIES, LTD.**

A95000001162

FILED
JUL 31 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WHEREAS, the undersigned, desires to form a limited partnership (to be known as "**Dealership Properties, Ltd.**") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be **Dealership Properties, Ltd.**

2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 350 S. Lake Destiny Drive, Suite 200, Orlando, Florida 32810. The agent for the service of process is J. Gregory Humphries and his address is 201 East Pine St., Suite 701, Orlando, Florida 32801. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partner: The name and address of the General Partner is as follows:

First Team Management, Inc.
350 S. Lake Destiny Drive, Suite 200
Orlando, Florida 32810

4. Mailing Address: The mailing address for the Partnership shall be 350 S. Lake Destiny Drive, Suite 200, Orlando, Florida 32810, attention **Dealership Properties, Ltd.**

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2025, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

James Featherston
Charles Hunt

GENERAL PARTNER:

First Team Management, Inc.

By:

[Signature]
W. Warner Peacock,
Vice-President

FILED
JUL 31 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 27th day of July, 1995, by W. Warner Peacock to me well known to be the Vice-President of First Team Management, Inc., a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.



KIM P. ARTHUR
My Comm Exp. 6/25/96
Bonded By Service Ins
No. CC211117
J.P. Arthur & Son, Inc. L.L.C.

Kim P. Arthur
(Signature)
Kim P. Arthur
(Printed name)
NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature:

J. Gregory Humphries
J. Gregory Humphries

Date:

7/28/95

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

FILED
JUL 31 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being first duly sworn, deposes and says that:

1. He is a Vice-President of First Team Management, Inc., a General Partner of **Dealership Properties, Ltd.**
2. Capital contributions in the amount of \$1,000.00 have been made by the Partners of said Partnership.
3. Capital contributions in the amount of \$ 2500 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of **Dealership Properties, Ltd.**

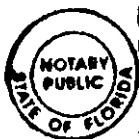
First Team Management, Inc.

By: 

W. Warner Peacock,
Vice President

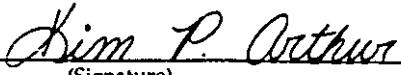
STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 27th day of July, 1995, by W. Warner Peacock, Vice-President of First Team Management, Inc., a General Partner of **Dealership Properties, Ltd.**, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.



KIM P. ARTHUR
My Comm Exp. 6/25/96
Bonded By Service Ins
No. CC211117

☒ Personally Known ☐ Other I.D.


(Signature)
Kim P. Arthur
(Printed name)
NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 APR -1 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0400

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001162

DEALERSHIP PROPERTIES, LTD.

Mailing Address

390 S. LAKE DESTINY DR.
STE. 200
ORLANDO FL 32810

Principal Office Address

390 S. LAKE DESTINY DR.
STE. 200
ORLANDO FL 32810

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

3. Date Formed or Registered to Do Business in
FLORIDA
07/31/1985

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$2,500.00

5b. Amount of Capital Contributions in
FLORIDA to date
1,500,000

6. FEI Number

59-3334040

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☐ If Applicable, Fee required
to obtain 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 \$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

**MUMPHRIES, J. GREGORY
201 EAST PINE ST.
STE. 701
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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

**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)

FIRST TEAM MANAGEMENT, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

350 S. LAKE DESTINY D

11b. City, State & Zip Code

ORLANDO FL 32810

11c. Registration/
Document Number

J22375

**500001776045
-04/11/95--01042--013
***576.25 ***576.25**

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), Florida Statutes, if 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 chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

W. Warner Peacock

Telephone Number

407/660-2224

CR2E003 (1/1/95)

A95 00000 1162

SMITH, WILLIAMS & HUMPHRIES

ATTORNEYS AT LAW

DAVID E. SCHLES
ROBERT L. HARRIS
J. GREGORY HUMPHRIES
DAVID W. KIRK
CHARLES T. HARRIS
GREGORY E. HUMPHRIES
STANLEY T. HARRIS
LARRY L. KIRK
GREGORY L. WILLIAMS

201 EAST PINE STREET
SUITE 701
ORLANDO, FLORIDA 32801

(407) 840-5151

FAK (407) 843-6078

TAMPA OFFICE

OLD WIDE PARK
712 SOUTH ORANGE AVENUE
TAMPA, FLORIDA 33606
(813) 253-8400
FAX (813) 254-3458

1400 0000000000

REPLY TO ORLANDO

March 29, 1996

Via UPS Delivery
Division of Corporations
Attn: Partnership Section
409 E. Gaines St.
Tallahassee, FL 32399

100001775571
-04/10/96--01064--009
***1750.00 ***1750.00

RE 1996 Limited Partnership Annual Reports

Gentlemen:

Enclosed for filing are the following 1996 Limited Partnership Annual Reports, along with checks in the appropriate amounts which represent the filing fees.

	<u>Name of Entity</u>	<u>Amt. of Check</u>
1.	Mealey Family Partnership, Ltd.	\$558.75
2.	Pacific Rim Imports, Ltd.	\$576.25
3.	Dealership Properties, Ltd.	\$576.25
	& Supplemental Affidavit	\$1,750.00

FILED
96 APR - 11 00
TALLAHASSEE
FLORIDA

Please contact the Orlando office if you have any questions concerning the enclosures.

A95 - 1162

Sincerely,

J. Gregory Humphries
J. Gregory Humphries

By	Enclosures
Upd	ENC
Up	ENC
Ver	ENC
Adm	JGH:kk
W	Enclosures

C. TAX
FILING 1750.00
R. FEE
C
T
B. S
BALANCE DUE
REFUND

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP**

STATE OF FLORIDA
COUNTY OF ORANGE

1. The undersigned, constituting all of the General Partners of **Dealership Properties, Ltd.**, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

2. The total amount of the capital contributions made by the Partners of said Partnership is \$1,500,000.

This 27th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

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

First Team Management, Inc.

By: 

W. Warner Peacock
Vice President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 27th day of December, 1995, by W. Warner Peacock, Vice-President of First Team Management, Inc., General Partner of **Dealership Properties, Ltd.**, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.


(Signature)

ROSANNE COLLESTER
(Printed name)

NOTARY PUBLIC - STATE OF FLORIDA

SERIAL NO.: PERSONALLY KNOWN



ROSANNE COLLESTER
COMMISSION # CC 432773
EXPIRES JAN 9, 1999
BONDED THRU
ATLANTIC REVENUE CO., INC.