

# A00000000501

DEPT OF STATE 4500453  
FOR DEPOSIT ONLY  
03/05/00 (101) 001  
100268785 # 227.50

February 22, 2000

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

||

Re: Certificate of Limited Partnership  
Capri Isle Limited #1

To Whom It May Concern:

Enclosed please find our application for Limited Partnership, and an Affidavit of Capital Contributions.

Also enclosed is our check in the amount of Two-Hundred Twenty-Seven Dollars and Fifty Cents, (\$227.50) allocated as follows:

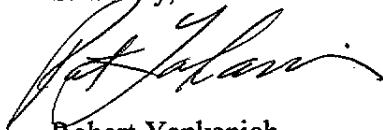
- \$140.00 for Capital Contributions of \$20,000, @ \$7.00 per thousand.
- \$ 35.00 for designation of Registered Agent.
- \$ 52.50 for Certified copy of Certificate.

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-03/05/00--01010--001  
\*\*\*\*227.50 \*\*\*\*227.50

Contact person: Robert Yankanich  
11205 - 8<sup>th</sup> Street East  
Treasure Island, FL 33706  
Tel: (727) 423-9902

Please feel free to call me if you have any questions, or need additional information.

Sincerely,



Robert Yankanich

Cc: Gail Byrne

~~W-10323~~

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00 MAR 21 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A00-501  
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 9, 2000

ROBERT YANKANICH  
11205 - 8TH STREET EAST  
TREASURE ISLAND, FL 33706

SUBJECT: CAPRI ISLE LIMITED #1, A FLORIDA LIMITED PARTNERSHIP  
Ref. Number: W00000006333

We have received your document for CAPRI ISLE LIMITED #1, A FLORIDA LIMITED PARTNERSHIP and your check(s) totaling \$227.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 700A00013089

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

1. Capri Isle Limited #1  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 118 - 107 th Avenue, Treasure Island FL 33706  
(Business address of Limited Partnership)
3. Gail Byrne & Associates, Inc. H38178  
(Name of Registered Agent for Service of Process)
4. 118 - 107th Avenue, Treasure Island FL 33706  
(Florida street address for Registered Agent)
5. Gail A. Byrne  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 118 - 107th Avenue, Treasure Island FL 33706  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/02

| 8. Name(s) of general partner(s): | Street address:                                |
|-----------------------------------|--|
| <u>Gail A. Byrne</u>              | <u>11620 7th St. E, TREASURE ISLAND, FL</u>    |
| <u>Leslie W. Byrne</u>            | <u>11620 7th St. East, TREASURE ISLAND, FL</u> |
| <u>Robert Yankanich</u>           | <u>11205 8th St. East, TREASURE ISLAND, FL</u> |

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 3rd day of January, 19- 2000.

Signature of all general partners:

[Signature]  
General Partner  
Gail Byrne  
General Partner  
[Signature]  
General Partner

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of Capri Isle  
Limited # 1,  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 12,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 20,000.00.

Signed this 22<sup>nd</sup> day of February, 19 2000.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

[Signature]  
General Partner  
[Signature]  
General Partner  
[Signature]  
General Partner

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

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TALLAHASSEE, FLORIDA

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