

A01000001103

WILLIAM T. PRESTON
ADMITTED TO PRACTICE IN VIRGINIA AND FLORIDA
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168
TELEPHONE (386) 424-9200
FACSIMILE: (386) 423-8099

PRESTON & FEEB, P.L.C.
ATTORNEYS AND COUNSELORS AT LAW

August 3, 2001

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

600004519876--3
-08/05/01--01118--011
***1785.00 ***1785.00

RE: URBAN FAMILY LIMITED PARTNERSHIP

Dear Sir or Madam:

A01-1103

Please find enclosed the original and one copy of the Affidavit of Capital Contributions for a Florida Limited Partnership and a Certificate of Family Limited Partnership for filing.

Please also find enclosed # 3726 in the amount of \$1,785.00, which represents fees as follows:

- 1. Registered Agent - \$35.00.
- 2. Amount Contributed by the limited partner- \$1,750.00

Please file the enclosed documents and return the Registered Agent Designation.

The contact person, as well as the person to whom the acknowledgement should be addressed to is William T. Preston, 143 Canal Street, New Smyrna Beach, Florida 32168, 386-424-9200

Thank you for your assistance in this regard.

With kind regards.

Respectfully,

William Preston

William T. Preston

WTP/lb
Enclosure-3

FILED
01 AUG 21 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W01-18502 **W28/21**

SP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 10, 2001

WILLIAM T. PRESTON
143 CANAL STREET
NEW SMYRNA BEACH, FL 32168

SUBJECT: URBAN FAMILY LIMITED PARTNERSHIP
Ref. Number: W01000018502

We have received your document for URBAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

The statute and information in #7 of your certificate should be removed, because they relate to general, not limited, partnerships.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 301A0004599

FILED
01 AUG 21 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WILLIAM T. PRESTON
ADMITTED TO PRACTICE IN VIRGINIA AND FLORIDA

143 CANAL STREET
NEW SMYRNA BEACH, FL 32168
TELEPHONE (386) 424-9200
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PRESTON

& REED, P.L.C.
ATTORNEYS AND COUNSELORS AT LAW

August 17, 2001

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: URBAN FAMILY LIMITED PARTNERSHIP

Dear Sir or Madam:

Please find enclosed the original and one copy of the Affidavit of Capital Contributions for a Florida Limited Partnership and a Certificate of Family Limited Partnership for filing. Also find enclosed a copy of your cover letter to me of August 10, 2001 which returned the filing documents for correction.

You are already in receipt of check # 3726 in the amount of \$78.75, which represents fees as follows:

1. Registered Agent - \$35.00.
2. Amount Contributed by the limited partner- \$1,750.00

Please file the enclosed documents and return the Registered Agent Designation.

The contact person, as well as the person to whom the acknowledgement should be addressed to is William T. Preston, 143 Canal Street, New Smyrna Beach, Florida 32168, 386-424-9200.

Thank you for your assistance in this regard.

With kind regards.

Respectfully,



William T. Preston

FILED
08 AUG 21 PM 12:45
TALLAHASSEE FLORIDA
SECRETARY OF STATE

CERTIFICATE OF FAMILY LIMITED PARTNERSHIP
FOR THE
URBAN FAMILY LIMITED PARTNERSHIP

- 1) The name of the partnership is the **URBAN FAMILY LIMITED PARTNERSHIP**.
- 2) The business address of the limited partnership is **900 N. PENINSULA AVENUE, NEW SMYRNA BEACH, VOLUSIA COUNTY, FL 32169**.
- 3) The name and street address of the registered agent for service of process is **MARY JANE URBAN, 900 N. PENINSULA AVENUE, NEW SMYRNA BEACH, VOLUSIA COUNTY, FL 32169**.

I, Mary Jane Urban, hereby accept the designation
as registered agent for service of process
for the limited partnership.

Signed: 

- 4) The mailing address of the limited partnership is **900 N. PENINSULA AVENUE, NEW SMYRNA BEACH, VOLUSIA COUNTY, FL 32169**.
- 5) The latest date upon which the limited partnership is to dissolve is July 31, 2050.
- 6) The name and address of the sole general partner is **MARY JANE URBAN, 900 N. PENINSULA AVENUE, NEW SMYRNA BEACH, VOLUSIA COUNTY, FL 32169**.

Signed this 17th day of August, 2001.

Signatures of all General Partners:

 Gen. Partner
MARY JANE URBAN

FILED
01 AUG 21 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR
THE URBAN FAMILY LIMITED PARTNERSHIP,
A
FLORIDA LIMITED PARTNERSHIP**

The undersigned, constituting all of the limited partners of the URBAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, executed this affidavit filed pursuant to section 620.108, Florida Statutes, declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners.

The total amount of the capital contributions of the limited partners is: \$2.00.

The total amount of the capital contributions anticipated to be contributed by the limited partners is \$800,000.00.

Signed this 17th day of August, 2001.

FURTHER AFFLIANT 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.

Limited Partner

Mary Jane Uppan, Trustee
MARY JANE UPPAN, Trustee of the

**MARY JANE URBAN, Trustee of the
Mary Jane Urban Living Trust**

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing affidavit was acknowledged before me on Friday, August 17, 2001, by **MARY JANE URBAN, Trustee of the Mary Jane Urban Living Trust**, who is personally known to me.
Witness my hand and official seal.

Laure B. Smith
NOTARY PUBLIC

Laura Brown

My Commission CC888706

Expires August 5, 2002

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Fees:

\$7 per \$1000, based on additional contributions
Minimum \$ 52.50
Maximum \$1750.00