

# A02000000977

PEEK, COBB, EDWARDS & ASHTON

PROFESSIONAL ASSOCIATION

ATTORNEYS AND COUNSELLORS AT LAW

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JACKSONVILLE, FLORIDA 32207

TELECOPY 904 / 399-1615

JACKSONVILLE 904 / 399-1609

OCALA 352 / 867-1609

PONTE VEDRA BEACH 904 / 280-1609

FRANK A. ASHTON

JAMES E. COBB

THOMAS S. EDWARDS, JR.

DAVID H. PEEK

EUGENE G. PEEK III

ERIC C. RAGATZ

JOEL B. TOOMEY

July 17, 2002

*Via Federal Express*

Department of State  
409 East Gaines Street  
George Firestone Building  
Tallahassee, Florida 32301

700006497837--5  
-07/19/02--01006--016  
\*\*\*1837.50 \*\*\*1837.50

Re: Passmore Family Limited Partnership  
a Florida Limited Partnership

Dear Madam/Sir:

A02-977

WL 7/19

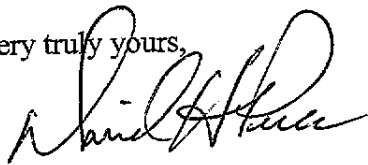
Enclosed please find an original and one copy of a Certificate of Limited Partnership for the above referenced Florida limited partnership, together with Acceptance by Registered Agent and Affidavits executed by the general partners. Also enclosed is our firm's check for \$1,837.50 to cover the following fees:

Filing Fees	\$ 1,750.00
Certified Copy	52.50
Registered Agent Designation	35.00
Total Fees	\$ 1,837.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 18 AM 9:46

Please file the original Certificate of Limited Partnership and forward a certified copy to our offices.

Very truly yours,



David H. Peek

DHP/bkb  
Enclosure

cc: Mr. James E. Shirley

#1785-LP  
\$ 52.50-CC

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
PASSMORE FAMILY LIMITED PARTNERSHIP**

1. The name of this limited partnership is PASSMORE FAMILY LIMITED PARTNERSHIP.
2. The business address of this limited partnership is 445 10<sup>th</sup> Street, NW, Vero Beach, Florida, 32962.
3. The mailing address of this limited partnership is 445 10<sup>th</sup> Street, NW, Vero Beach, Florida, 32962.
4. The name of the registered agent for service of process on this limited partnership is DAVID H. PEEK.
5. The Florida address for the registered agent of this limited partnership is 1301 Riverplace Boulevard, Suite 1609, Jacksonville, Florida, 32207.
6. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2022.

7. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Grace A. Shirley	324 A Village Drive St. Augustine, Florida 32084
Gay S. Passmore	445 10 <sup>th</sup> Street, NW Vero Beach, Florida 32962

8. NAME OF LIMITED PARTNER(S)	SPECIFIC ADDRESS
Grace A. Shirley	324 A Village Drive St. Augustine, Florida 32084

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed this 27<sup>th</sup> day of June, 2002.

**GENERAL PARTNERS:**

*Grace A. Shirley*  
Grace A. Shirley

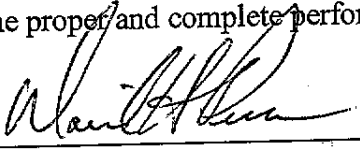
*Gay S. Passmore*  
Gay S. Passmore

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SECRETARY OF STATE  
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02 JUL 18 AM 9:46

**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above referenced limited partnership, at the place designated in the 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.

Dated: July 16, 2002

  
\_\_\_\_\_  
David H. Peek

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EXHIBIT C

AFFIDAVIT

The undersigned, after being duly sworn, deposes and says:

1. Affiant is a General Partner of the Passmore Family Limited Partnership.
2. The undersigned declares that the capital contributed by the Limited Partners of the above-referenced Partnership is \$100, and the amount anticipated to be contributed in the future is \$300,000.
3. Further Affiant sayeth not.

  
GRACE A. SHIRLEY, AFFIANT

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02 JUL 18 AM 9:46

Sworn to and subscribed before me  
by Grace A. Shirley, this 27th  
day of June, 2002, and  
who did take an oath.

(SEAL)

My Commission Expires

Print \_\_\_\_\_  
Notary Public, State and County  
Aforesaid.

☒ Personally known  
☐ Produced Identification  
Type of Identification \_\_\_\_\_

