

# A03000001275

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TALLAHASSEE, FLORIDA

(Requestor's Name)

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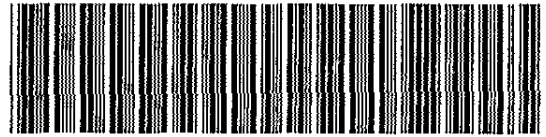
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

003-22924

Office Use Only

FF \$87.50  
CC 52.50



600021694766

08/07/03--01003--019 \*\*94.50

08/28/03--01012--014 \*\*54.25

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 13, 2003

T. STARR PORTER  
1560 GULF BLVD., #706  
CLEARWATER, FL 33767-2967

SUBJECT: CS PORTER LIMITED PARTNERSHIP  
Ref. Number: W03000022924

We have received your document for CS PORTER LIMITED PARTNERSHIP and your check(s) totaling \$94.50. However, the document has not been filed and is being retained in this office for the following:

**LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES**

Filing fees \$52.50 minimum - \$1750 maximum  
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report/Uniform Business Report	
\$7 per \$1000 of invested capital	
(\$52.50 minimum - \$437.50 maximum)	
plus Supplemental Fee of \$138.75	
Reinstatement	

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TALLAHASSEE, FLORIDA

(\$500 for each year or part thereof the  
partnership was revoked plus the delinquent  
annual report/uniform business report fees)  
There is a balance due of \$54.25.

If you have any questions concerning the filing of your document, please call  
(850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 603A00046061

**CS Porter Limited Partnership  
1560 Gulf Boulevard, #706  
Clearwater, FL 33767-2967**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

July 1, 2003

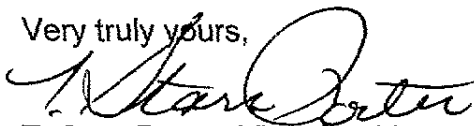
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: CS Porter Limited Partnership

Dear Sir or Madam:

Enclosed please find the original and one copy of Certificate of Limited Partnership and Affidavit of Capital Contributions, together with a check in the amount of \$94.50. This represents the cost of the Filing Fees, Certified Copy and Certificate of Limited Partnership and Fee for Registered Agent Designation for the above-named limited partnership.

Very truly yours,



T. Starr Porter, Vice-President  
CS Porter, Inc.  
General Partner

Enclosures

check stapled here

**CERTIFICATE OF LIMITED PARTNERSHIP**

of

**CS PORTER LIMITED PARTNERSHIP**

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The undersigned general partner, competent to contract, hereby forms a limited partnership under the laws of the State of Florida.

**ARTICLE I – LIMITED PARTNERSHIP NAME**

The name of the limited partnership is CS Porter Limited Partnership.

**ARTICLE II –PURPOSE**

The limited partnership is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE III – BUSINESS ADDRESS OF LIMITED PARTNERSHIP**

The business address of the limited partnership shall be as follows:

1560 Gulf Boulevard, #706  
Clearwater, FL 33767-2967

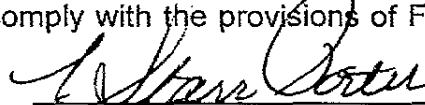
**ARTICLE IV – REGISTERED AGENT**

The name and street address of the Initial Registered Office and Agent of this limited partnership is:

T. Starr Porter  
1560 Gulf Boulevard, #706  
Clearwater, FL 33767-2967

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
\_\_\_\_\_  
T. Starr Porter, Registered Agent

**ARTICLE V – MAILING ADDRESS OF LIMITED PARTNERSHIP**

The limited partnership's principal office and mailing address shall be as follows:

1560 Gulf Boulevard, #706  
Clearwater, FL 33767-2967

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TALLAHASSEE, FLORIDA

**ARTICLE VI – DATE OF DISSOLUTION OF LIMITED PARTNERSHIP**

The latest date upon which the Limited Partnership is to be dissolved is July 1, 2053.

**ARTICLE VII – NAME OF GENERAL PARTNER**

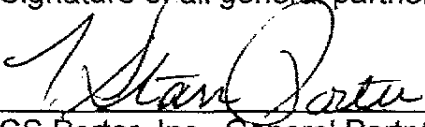
CS Porter, Inc.  
1560 Gulf Boulevard, #706  
Clearwater, FL 33767-2967

903-83580

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

Signed this 1st day of July, 2003.

Signature of all general partners:

 V.P. CS Porter, Inc.  
CS Porter, Inc., General Partner

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

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TALLAHASSEE, FLORIDA

The undersigned, constituting all of the general partners of CS Porter Limited Partnership, a Florida Limited Partnership, certify:

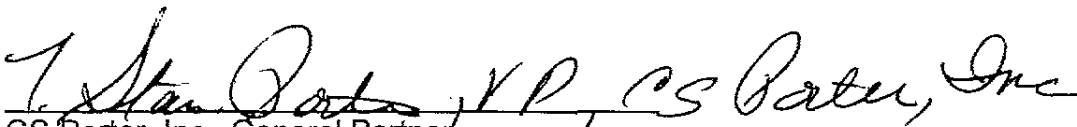
The amount of capital contributions to date of the limited partners is \$ -0-

The total amount contributed and anticipated to be contributed by the limited partners, at this time, totals \$100.00.

Signed this \_\_\_\_ day of July, 2003

FURTHER AFFIANT SAYETH NOT.

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

  
CS Porter, Inc., General Partner