

A05000000406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600047211006

03/02/05--01029--003 **87.50

FILED
05 MAR -3 PM 12:54
TALLAH-SEE, FLORIDA
05 MAR -3 PM 12:54
TALLA
FLORIDA

3-705

LARRY LEGEL, TRUSTEE

800 W. CYPRESS CREEK ROAD
CYPRESS CREEK TOWER
SUITE 470
FORT LAUDERDALE, FL 33309

(954) 493-8900 Office
(954) 493-8300 Fax

e-mail: Legelcpa@bellsouth.net

December 3, 2004

Secretary of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find herewith Certificate of Limited Partnership and Affidavit of Capital Contributions for Florida Limited Partnership to be filed for SCHENDEN FAMILY, LTD.

Please accept our check for \$87.50 for recording fees.

Thank you for your assistance.

Sunshine,



Larry Legel, Trustee

FILED
05 MAR -3 PM 12:54
SECRET
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. SCHENDEN FAMILY, LTD.
(Name of Limited Partnership, must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4226 NW 65th Avenue, Coral Springs, FL 33067
(Business address of Limited Partnership)
3. LARRY LEGEL
(Name of Registered Agent for Service of Process)
4. 800 W. Cypress Creek Road, Suite 470, Coral Springs, FL 33309
(Florida street address for Registered Agent)
5. *Larry Legel*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4226 NW 65th Avenue, Coral Springs, FL 33067
(Mailing Address of the Limited Partnership)

7. The latest year upon which the Limited Partnership is to be dissolved is: 2055
8. Name of general partner: _____ Street address: _____

<u>TIMOTHY P. SCHENDEN</u>	<u>4226 NW 65th Avenue</u> <u>Coral Springs, FL 33067</u>
_____	_____
_____	_____

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 10 day of NOVEMBER, 2004.

Signature of the general partner:

TSC
Timothy P. Schenden, General Partner

FILED
05 MAR -3 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____

SCHENDEN FAMILY, LTD.

a Florida Limited Partnership, certify:

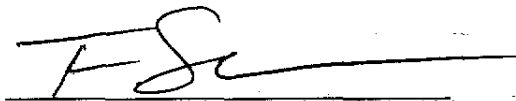
The amount of capital contributions to date of the limited partners is \$ 0

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 0

Signed this 10th day of NOVEMBER, 2004.

FURTHER AFFIANT SAYETH NOT.

Under the 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.



Timothy P. Schenden, General Partner

FILED
05 MAR -3 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA