

A05000000636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

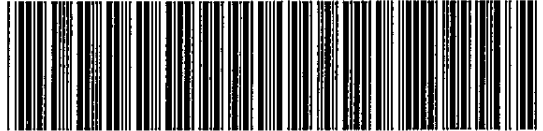
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/31/05--01029--019 \*\*1837.50

FILED  
05 MAR 31 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 MAR 31 AM 11:12  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**FILE FIRST!**  
MAR 31 PM 2:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 3/31/05

REF. #: 0174.36408

CORP. NAME: EL CON ASSOCIATES, LTD.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 512018 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

EL CON ASSOCIATES, LTD.,  
a Florida limited partnership

The undersigned managing general partner desiring to form a limited partnership ("Partnership") pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

EL CON ASSOCIATES, LTD.

2. The mailing address of the Partnership is:

P.O. Box 49948  
Sarasota, Florida 34230-6948

3. The principal office address of the Partnership is:

240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

4. The name and address of the registered agent of the Partnership is:

David S. Band  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

5. The name and address of the managing general partner of the Partnership is:

David S. Band  
240 South Pineapple Avenue  
10th Floor  
Sarasota, Florida 34236

6. The Partnership shall have a perpetual existence, except as otherwise provided by law or in accordance with the Limited Partnership Agreement.

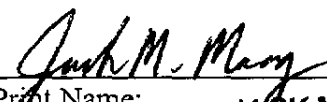
7. The effective date of this Partnership shall be the effective date of the filing of this Certificate of Limited Partnership with the Department of State.

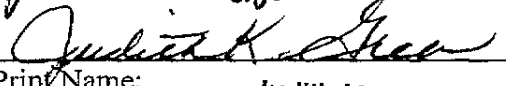
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05 MAR 11 PM 2:23  
TAMPA  
CLERK OF STATE  
TREASURER, FLORIDA

The execution of this Certificate of Limited Partnership by the undersigned managing general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by David S. Band, as managing general partner of EL CON ASSOCIATES, LTD., a Florida limited partnership, this 29<sup>th</sup> day of March, 2005.

WITNESSES:

  
Print Name: JACK M. MAAG

  
Print Name: Judith K. Green

  
David S. Band

“MANAGING GENERAL PARTNER”

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

EL CON ASSOCIATES, LTD.  
a Florida limited partnership

Having been named to accept service of process for EL CON ASSOCIATES, LTD., a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership, 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, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: MARCH 29, 2005

  
\_\_\_\_\_  
David S. Band

“REGISTERED AGENT”

STATE OF FLORIDA  
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

EL CON ASSOCIATES, LTD.  
a Florida limited partnership

BEFORE ME, the undersigned Notary Public, personally appeared David S. Band, as managing general partner of EL CON ASSOCIATES, LTD., a Florida limited partnership, ("Partnership,") who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is: \$1,361,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is: \$ -0-.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

WITNESSES:

Jack M. Maag  
Print Name: JACK M. MAAG

Judith K. Green  
Print Name: Judith K. Green

David S. Band  
David S. Band

"MANAGING GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 27<sup>th</sup> day of March, 2005, by David S. Band, as managing general partner of EL CON ASSOCIATES, LTD., a Florida limited partnership, who is personally known to me and who did not take an oath.

Judith K. Green  
Notary Public  
Print Name Judith K. Green

My Commission Expires

