

A05000001027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

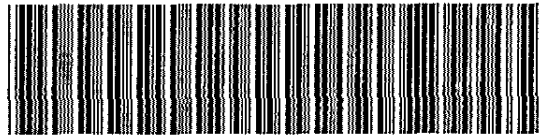
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NAME OK  
HER GH  
NO

Office Use Only

CONFIRM



500054844025

05/23/05--01039--006 \*\*1785.00

RECEIVED  
05 MAY 23 PM 1:07  
DIVISION OF CORPORATION

FILED  
05 MAY 23 PM 3:50  
SECRETARY OF STATE  
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!**

**FILED**  
05 MAY 23 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 05/23/2005

REF. #: 000174.38367

CORP. NAME: EASTWOOD 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# \_\_\_\_\_ FOR \$ 1785.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

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

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

EASTWOOD ASSOCIATES, LTD.,  
a Florida limited partnership

The undersigned managing general partners 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, do hereby state the following:

1. The name of the Partnership is:

EASTWOOD 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 names and addresses of the managing general partners of the Partnership are:

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

John M. McKay  
1001 3rd Avenue West, Suite 670  
Bradenton, Florida 34205

Ronald J. Allen  
1001 3rd Avenue West, Suite 600  
Bradenton, Florida 34205

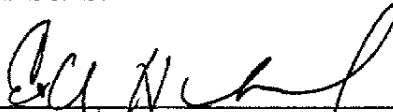

FILED  
05 MAY 23 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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.

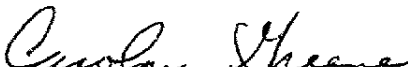
The execution of this Certificate of Limited Partnership by the undersigned managing general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the undersigned managing general partners of EASTWOOD ASSOCIATES, LTD., a Florida limited partnership, this 19<sup>th</sup> day of May, 2005.


WITNESSES:

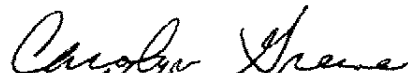
  
Print Name: William A. Gayman   
David S. Band


  
Print Name: CHARLES L. SPATE


  
Print Name: CAROLYN GREENE

  
John M. McKay

  
Print Name: Jessica Schaefer

  
Print Name: CAROLYN GREENE

  
Ronald J. Allen

  
Print Name: Jessica Schaefer

"MANAGING GENERAL PARTNERS"


ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

EASTWOOD ASSOCIATES, LTD.,  
a Florida limited partnership

Having been named to accept service of process for EASTWOOD 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: \_\_\_\_\_

05/19/05

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

"REGISTERED AGENT"

STATE OF FLORIDA  
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

EASTWOOD ASSOCIATES, LTD.,  
a Florida limited partnership

BEFORE ME, the undersigned Notary Public, personally appeared the undersigned managing general partners of EASTWOOD 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: \$ 2,750,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is: \$0.

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

WITNESSES:

[Signature]  
Print Name: EDWARD W. GAYMON JR

[Signature]  
David S. Band

[Signature]  
Print Name: CHARLES H. SMITH III

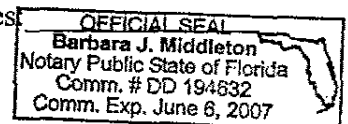
"MANAGING GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 19th day of May, 2005, by David S. Band, as managing general partner of EASTWOOD ASSOCIATES, LTD., a Florida limited partnership.

Barbara J. Middleton  
Notary Public

Barbara J. Middleton  
Print Name  
My Commission Expires

Personally known ☒ (or) produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_



WITNESSES:

Carolyn Greene  
Print Name: CAROLYN GREENE

Jessica Schaefer  
Print Name: Jessica Schaefer

John M. McKay  
John M. McKay

"MANAGING GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 19<sup>th</sup> day of May, 2005, by John M. McKay, as managing general partner of EASTWOOD ASSOCIATES, LTD., a Florida limited partnership.

Shen Lynn Tolomeo  
Notary Public

SHEN LYNN TOLOMELO  
Print Name  
My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ (or) produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_



Shen Lynn Tolomeo  
My Commission DD261718  
Expires October 28 2007

WITNESSES:

Carolyn Greene  
Print Name: CAROLYN GREENE

Ronald J. Allen  
Ronald J. Allen

Sessica Schaefer  
Print Name: Sessica Schaefer

"MANAGING GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 19<sup>th</sup> day of May, 2005, by Ronald J. Allen, as managing general partner of EASTWOOD ASSOCIATES, LTD., a Florida limited partnership.

Shen Lynn Tolomeo  
Notary Public  
Shen Lynn Tolomeo  
Print Name  
My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ (or) produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_



Shen Lynn Tolomeo  
My Commission DD281718  
Expires October 26 2007