

TODD WATSON  
ATTORNEY AT LAW

SUITE 107  
7748 BAYMEADOW WAY  
JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748

A95000000049

December 1, 1999

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: The Boyett Family Limited Partnership

Dear Mr. Secretary:

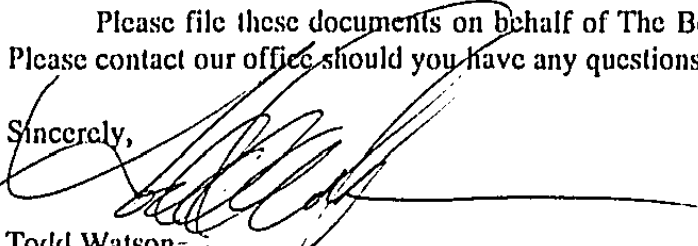
Enclosed are the following:

1. Certificate of The Boyett Family Limited Partnership;
2. Acceptance of Appointment as Registered Agent;
3. Affidavit of Capital Contributions; and
4. Our check #2118 in the amount of \$1,785.00 of which \$1,750.00 is the fee for the Family Limited Partnership and \$35.00 is the fee for the Registered Agent.

FILED  
DEC 27 1999

Please file these documents on behalf of The Boyett Family Limited Partnership.  
Please contact our office should you have any questions concerning this matter.

Sincerely,

  
Todd Watson-  
Attorney at Law

Enclosures  
TW/avc

STAMPS/SCSTL.FR.DOC

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**TODD WATSON**  
**ATTORNEY AT LAW**

SUITE 107  
7785 RAYMEADOWS WAY  
JACKSONVILLE, FLORIDA 32236

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748

December 23, 1994

At: Diane Cushing  
Corporate Specialist  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: The Boyett Family Limited Partnership

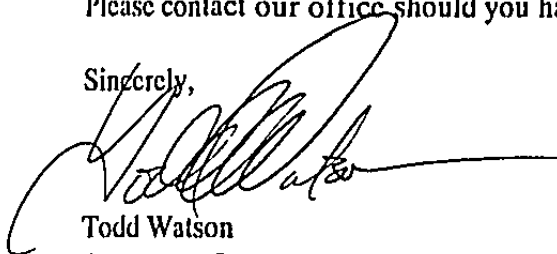
Dear Ms. Cushing:

We are in receipt of your letter dated December 14, 1994, and have enclosed a revised Certificate of The Boyett Family Limited Partnership to include the Partnership's principal place of business address and mailing address. Also enclosed are the following:

1. Acceptance of Appointment as Registered Agent;
2. Affidavit of Capital Contributions; and
3. An executed copy of the Durable Power of Attorney for Ann W. Boyett.

Please file these documents on behalf of The Boyett Family Limited Partnership. Please contact our office should you have any questions concerning this matter.

Sincerely,



Todd Watson  
Attorney at Law

Enclosures  
TW/avc



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

December 14, 1994

TODD WATSON  
7785 BAYMEADOWS WAY, SUITE 107  
JACKSONVILLE, FL 32256

SUBJECT: THE BOYETT FAMILY LIMITED PARTNERSHIP  
Ref. Number: W94000026618

We have received your document for THE BOYETT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 794A00053042

**CERTIFICATE OF  
THE BOYETT FAMILY LIMITED PARTNERSHIP**

THIS CERTIFICATE is executed on the 21<sup>st</sup> day of December, 1994, with respect to the agreement of The Boyett Family Limited Partnership ("the partnership").

1. Name. The partnership's name is The Boyett Family Limited Partnership.

2. Partnership's Business. The partnership's business is owning, developing, leasing, managing, and selling real estate, and all other related acts. The partnership may also do all other acts permitted for limited partnerships under the laws of the State of Florida.

3. Partnership's Address. The partnership's principal place of business address and mailing address is 706 North Lynch Street, Pensacola, Florida, 32505-7254;

4. Registered Agent. The street and mailing address of the registered agent of the partnership is 706 North Lynch Street, Pensacola, Florida 32505-7254, and the name of the registered agent at that address is Ann W. Boyett.

5. General Partner. Ann W. Boyett is the sole general partner, and its principal place of business and mailing address is 706 North Lynch Street, Pensacola, Florida 32505-7254.

6. Dissolution. The latest date on which the limited partnership is to be dissolved and its affairs wound up is September, 26, 2024.

IN WITNESS WHEREOF, the undersigned sole general partner has signed and sealed this certificate, on the day and year first above written.

*James A. Stamps, Attorney*  
*in 706 N. Lynch St. Ann W. Boyett*  
Ann W. Boyett, General Partner

STATE OF Virginia  
COUNTY OF Stafford

The foregoing instrument was acknowledged in my presence this 21 day of December, 1994, by, Ann W. Boyett, who is personally known to me or who has produced 49 Bluebird Tr. Road Va., as identification.

Barbara Gordon

Signature of Notary Public

Barbara Gordon

Notary's Printed Name

Notary's Seal:

MY COMMISSION EXPIRES

June 26, 1995

STAMPS\CURT1.TTF.DOC

FILED  
DEC 27 1994



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, the general partner of The Boyett Family Limited Partnership, a Florida Limited Partnership, certifies as follows:

The amount of capital contributions to date of the limited partners is Fifty Thousand Dollars (\$50,000).

The total amount contributed and anticipated to be contributed by the limited partners at this time totals Five Hundred Thousand (\$500,000).

This 25<sup>th</sup> day of November, 1994.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

FILED  
NOV 27 1994  
CL

*Jennifer Stamps, Attorney in Fact*  
ANN W. BOYETT, General Partner  
*for Ann W. Boyett*

STATE OF Tennessee  
COUNTY OF Davidson

The foregoing instrument was acknowledged in my presence this 25<sup>th</sup> day of November, 1994, by, Jennifer Stamps, as Attorney in Fact for Ann W. Boyett, who is personally known to me or who has produced Tennessee Drivers License, as identification.

*Patricia S. Parker*  
Signature of Notary Public  
My Commission Expires SEPT. 26, 1998

Notary's Printed Name

Notary's Seal:

**2ND NOTICE: 60 DAYS NOTICE OF INTENT TO REVOKE**  
 THIS LIMITED PARTNERSHIP WILL BE REVOKED IF REPORT IS NOT FILED BY APRIL 12, 1998

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morlham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

95 APR 21 AM 10:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**A95000000049**

**THE BOYETT FAMILY LIMITED PARTNERSHIP**

2. New Mailing Address, if Applicable  
 State Apt # etc  
 City State & Zip

Principal Office Address  
 700 NORTH LYNCH STREET  
 PENSACOLA FL 32505-7254

2a. New Principal Office Address, if Applicable  
 State Apt # etc  
 City State & Zip

3. Date Registered to Do Business in FLORIDA  
 12/27/1994

3a. Date of Last Report

4. State or Country of Formation  
 FL

5a. Capital Contributions as Shown in Record  
 \$500,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number  
 62-1596298

Applied For  
 Not Applicable

7. \$0.75 Additional Fee required for a Certificate of Status

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO s.607.103, FLORIDA STATUTES. THE FEES SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning fees, please call (904) 407-6050. Please submit your 1995 annual report with a check payable to the Department of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent  
 BOYETT, ANN W  
 700 NORTH LYNCH STREET  
 PENSACOLA FL 32505-7254

10. If changed, new registered agent/office  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 State Apt # etc  
 City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	11b. City and State	11c. Registration Document Number
BOYETT, ANN W	700 NORTH LYNCH STREE	PENSACOLA FL	
		TIS, 4/21/95	
			500001466185 -04/27/95--01028--003 ****576.25 ****576.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Florida Statutes.

SIGNATURE Jennifer Stamps, Attorney in Fact for Ann W. Boyett DATE 4/10/95  
 Typed or Printed Name of General Partner Signing Form Jennifer Stamps for Ann W. Boyett Telephone Number (615)452-9650

CR2E03 (11/94)



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Toshia Skyleson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
95 DEC -8 PM 2 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**THE BOYETT FAMILY LIMITED PARTNERSHIP** *q.v. n/c*

1a. DOCUMENT #  
**A95000000049**

Mailing Address: **706 NORTH LYNCH STREET PENSACOLA FL 32505-7254**

Principal Office Address: **706 NORTH LYNCH STREET PENSACOLA FL 32505-7254**

*CW*

2. New Mailing Address, if Applicable

State, Apt # etc. **101 BROWNSTONE**

City, State & Zip **GALLATIN, TN 37066**

2a. New Principal Office Address, if Applicable

State, Apt # etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA **12/27/1994**

3a. Date of Last Report **04/21/1995**

4. State or Country of Formation **FL**

5a. Capital Contributions as Shown on Record **\$500,000.00**

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number **62-1596298**

7. CERTIFICATE OF STATUS IN QUIN D  
Applied For  **\$8.75 Additional Fee required for a Certificate of Status**  
Not Applicable

8. FEES: 1.) Filing Fee Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent  
**BOYETT, ANN W  
706 NORTH LYNCH STREET  
PENSACOLA FL 32505-7254**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
State, Apt # etc.  
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registrar/Document Number
BOYETT, ANN W	706 NORTH LYNCH STREE	PENSACOLA FL 32505	100001659341 -12/12/95--01024--025 ****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect(s). I further certify that I am a General Partner of the limited partnership, recipient of notice, and empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *Jennifer Stamps, Attorney in Fact for Ann W. Boyett* DATE *12/4/95*  
Typed or Printed Name of General Partner Signing Form *Jennifer Stamps, Attorney in Fact for Ann W. Boyett* Telephone Number *615-452-9650*

CR2E003 (6/95)