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CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

A95000000103

NAME _____
FIRM _____
ADDRESS _____

PHONE ( ) _____

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Name Availability 1/19/95 dcc
Document Examiner
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Verifier
Acknowledgment
W. P. Verifyer

____ of ____

RE: Durango Coals, Ltd

	C.C. FEE.	DISBURSED
____ Capital Express™		
____ Art. of Inc. File		
____ Certificate of Cont.		
____ Ltd. Partnership File		
____ Foreign Corp File		
1 ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal		
____ C U S	100001 388725 -01/25/95--01009--043	
____ Fictitious Name File	****40.00	****40.00
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority ____		
____ Express Mail Prep. ____		
____ FAX ( ) pgs.		
SUBTOTALS		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
	$

REQUEST TAKEN	CONFIRMED	APPROVED
DATE		
TIME		CK No.
BY JW		

WALK-IN
Will Pick Up 1-19 11a

A95000000103

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

STATE OF FLORIDA
COUNTY OF OKALOOSA

AFFIDAVIT AND
CERTIFICATE OF LIMITED PARTNERSHIP
OF DURANGO WINDS, LTD.

The undersigned, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in 620.101 et seq. of the Florida Statutes, do hereby certify:

1. The name of this firm under which such partnership is to be conducted is Durango Winds, Ltd.

2. The character of the business intended to be transacted by the partnership is as follows: investment in and development of real estate and other ventures.

3. The location and mailing address of the principal place of business is 225 Main Street, Suite 3, in the City of Destin, State of Florida.

4. (a) The name and business address of each general partner in the partnership is as follows;

Bobbie T. Cosper, 225 Main Street, Suite 3, Destin, Florida, 32541.

(b) The name and place of residence of each limited partner in the partnership is as follow:

Dudley L. Cosper, 225 Main Street, Suite 3, Destin, Florida 32541.

W. Earl Richards, 225 Main Street, Suite 3, Destin, Florida 32541.

5. The latest date upon which the partnership is to dissolve is the 31st day of July, 2014.

6. The address of the office and name and address of the agent for service of process is:

Bobbie T. Cosper, 225 Main Street, Suite 3, Destin, Florida 32541.

7. The general partner hereby swears and affirms that the amount of cash and other property initially contributed by the limited partners is one hundred dollars and 00/100 ($100.00) each and that no other capital is anticipated to be contributed by them.

IN WITNESS WHEREOF, the undersigned has executed this certificate this 15 day of January, 1995.

Witness

General Partner

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned authority, personally appeared Bobbie T. Cosper, individually, who is known to me or produced personally known to me as identification and who, being first duly sworn, states that he executed the foregoing instrument voluntarily and for the purposes therein stated this _____ day of January, 1995.

Notary

Print Name

KAREN S. GREYDILL
MY COMMISSION # CC 307645
EXPIRES: September 20, 1997
Bonded Thru Notary Public Underwriters

[SEAL]

ACCEPTANCE OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bobbie T. Cosper

Bobbie T. Cosper

January 15, 1995

Date

d:\...\cosper\ltd.agr

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 11 AM 11:36

1. Name of Limited Partnership

DURANGO WINDS, LTD.

1a. DOCUMENT #
A95000000103

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
225 MAIN STREET, SUITE 3
DESTIN FL 32541

Principal Office Address
225 MAIN STREET, SUITE 3
DESTIN FL 32541

BK
1/11/96

If above address are incorrect in any way, line through the incorrect information and write correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/19/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$100.00	— 0 —		✓	$8.75 Additional Fee required for a Certificate of Status

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 607.193, 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	10. If changed, new Registered Agent/Office
COSPER, BOBBIE T 225 MAIN STREET, SUITE 3 DESTIN FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) Suite, 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

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. Registration/ Document Number
COSPER, BOBBIE T	225 MAIN STREET, SUIT	DESTIN FL 32541	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Bobbie T. Cosper DATE 12-29-95

Typed or Printed Name of General Partner Signing Form Bobbie T. Cosper Telephone Number 904-837-3528

CR2E003 (6/95)

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