

A95000000125

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIV. OF CORPORATIONS
409 E. GAINES ST.
TALLAHASSEE, FL 32399

200 000 000 000 000
000 000 000 000 000
*****87.50 *****87.50

SUBJECT: ABC CONSULTANTS LTD.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE CERTIFICATE
OF LIMITED PARTNERSHIP AND A CHECK FOR: \$87.50 .

FROM: LARRY R. THOMAS
862 LIVE OAK LANE
OVIEDO, FL 32765
PH: 407-359-9673

FILED
1995 JAN 17 PM 2:21
SECRET
TALLAHASSEE, FLORIDA

1/24/95a

CERTIFICATE OF LIMITED PARTNERSHIP
OF

ABC CONSULTANTS LTD.

A95000001135

FILED
JAN 17 PM 2:21
TALLAHASSEE, FLORIDA

1. THE NAME OF THE LIMITED PARTNERSHIP SHALL BE :

ABC CONSULTANTS LTD.

2. THE BUSINESS ADDRESS OF THE LIMITED PARTNERSHIP SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

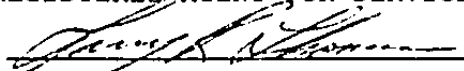
3. THE NAME OF THE REGISTERED AGENT FOR SERVICE OF PROCESS
SHALL BE:

LARRY R. THOMAS

4. THE FLORIDA STREET ADDRESS FOR REGISTERED AGENT SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

5. SIGNATURE OF REGISTERED AGENT FOR SERVICE OF PROCESS:



6. THE MAILING ADDRESS OF THE LIMITED PARTNERSHIP SHALL BE:

862 LIVE OAK LANE
OVIEDO, FL 32765

7. THE LATEST DATE UPON WHICH THE LIMITED PARTNERSHIP IS TO
BE DISSOLVED IS JANUARY 10, 2020

8. THE NAME OF THE GENERAL PARTNERS:

SPECIFIC ADDRESS:

LARRY R. THOMAS

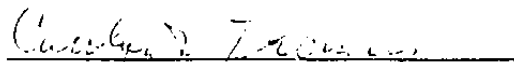
862 LIVE OAK LANE
OVIEDO, FL 32765

CAROLYN J. THOMAS

862 LIVE OAK LANE
OVIEDO, FL 32765

SIGNED THIS 11TH DAY OF JANUARY 1995.
SIGNATURE OF ALL GENERAL PARTNERS:


GENERAL PARTNER


GENERAL PARTNER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
1995 JAN 17 PM 2:21
TALLAHASSEE, FLORIDA

THE UNDERSIGNED CONSTITUTING ALL OF THE GENERAL PARTNERS OF
ABC CONSULTANTS LTD. A FLORIDA LIMITED PARTNERSHIP, CERTIFY:

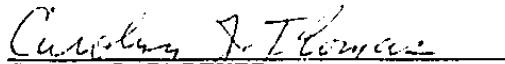
THE AMOUNT OF CAPITAL CONTRIBUTIONS TO DATE OF THE LIMITED
PARTNERS IS \$500.00 .

THE TOTAL AMOUNT CONTRIBUTED AND ANTICIPATED TO BE
CONTRIBUTED BY THE LIMITED PARTNERS AT THIS TIME TOTALS
\$5000.00 .

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.


GENERAL PARTNER


GENERAL PARTNER

THIS 11TH DAY OF JANUARY 1995.

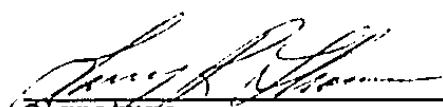
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JAN 17 PM 2:21
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 620.105, FLORIDA STATUTE,
THE UNDERSIGNED LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited partnership is:
ABC CONSULTANTS LTD.
2. The name and address of the registered agent and office is:
LARRY R. THOMAS
862 LIVE OAK LANE
OVIEDO, FL 32765

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.


Signature

1-10-95
Date

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 Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -8 PH 4:54

1. Name of Limited Partnership:

1a. DOCUMENT #
A95000000125

ABC CONSULTANTS LTD.

Mailing Address:
862 LIVE OAK LANE
OVIEDO FL 32765

Principal Office Address:
862 LIVE OAK LANE
OVIEDO FL 32765

2. New Mailing Address, if Applicable:
Date: Apt. # etc. 708001-687397
-01/11/96--01097--025
City, State & Zip: ***200.00 ***200.00

2a. New Principal Office Address, if Applicable:

Date: Apt. # etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA 01/17/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on the end
\$5,000.00

5b. Amount of Capital Contributions as
FLORIDA to date
\$5000.00

6. FEI Number
59-3346138

7. CERTIFICATE OF STATUS REQUIRED
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 607.193, 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.
MAINT. CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

THOMAS, LARRY R
862 LIVE OAK LANE
OVIEDO FL 32765

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Date: Apt. # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620, 620.1 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 Number)	11b. City, State & Zip Code	11c. Registry/ Document Number
THOMAS, LARRY R	862 LIVE OAK LANE	OVIEDO FL 32765	
THOMAS, CAROLYN J	862 LIVE OAK LANE	OVIEDO FL 32765	

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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(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, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

LARRY R. THOMAS

DATE 12-29-95

Telephone Number 407-359-9673