Corporation Information
Services Inc
1201 Hays Street
Tallahassee, FL 32301
904-222-8171
904-222-8191 fax

800-342-8086

A95000000174

CSC networks

Mail To:
P.O. Box 5828
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 1:34

ACCOUNT NO. : 072100000032

REFERENCE : 535490 6517A

AUTHORIZATION :

COST LIMIT : 0 PREPAID

ORDER DATE : February 2, 1995

ORDER TIME : 9:50 AM

ORDER NO. : 535490

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
Post Office Box 2346

Orlando, FL 32802-2346

RECEIVED
95 FEB -2 AM 11:15
DIVISION OF CORPORATION

DOMESTIC FILING

File 2nd

NAME: NEWPORT PARTNERS XVI, LTD.

CR TAX COL
FILING 52.50
ACCNT FEE 37.50
COPY 52.50
CERT 1.00
BANK 1.25
BALANCE DUE
REFUND

2/2/95
JB

____ ARTICLES OF INCORPORATION
XXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXXX CERTIFIED COPY
~~XXXXX~~ PLAIN STAMPED COPY
~~XXX~~ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 1:35

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEWPORT PARTNERS XVI, LTD.

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.106, Florida Statutes, hereby states the following:

1. The name of the Partnership is "NEWPORT PARTNERS XVI, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.

4. The name and business address of the General Partner are:

Name	Address
Newport Partners XVI, Inc.	300 International Parkway Suite 270 Heathrow, Florida 32746

FA 95000 8199

5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

6. The latest date upon which the Partnership shall dissolve is January 31, 2041.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 1st day of February, 1995.

GENERAL PARTNER

NEWPORT PARTNERS XVI, INC., a Florida corporation

By: _____
Peter S. Cahall, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT

Peter S. Cahall

Date: February 1st, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 1:35

F:\TAX\AHD\NEWPORT.DIR\NEWPOR16.CLP

STATE OF FLORIDA

COUNTY OF SEMINOLE

FILED STATE SECRETARY OF STATE CORPORATIONS DIVISION
95 FEB -2 PM 1:35

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XVI, INC., the sole general partner of NEWPORT PARTNERS XVI, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is $100.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is $ -0-.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER

NEWPORT PARTNERS XVI, INC.

Date: February 1st, 1995

By: _____
Peter S. Cahall, President

Sworn to and subscribed before me this 1st day of February, 1995, by Peter S. Cahall, President of Newport Partners XVI, Inc., as General Partner on behalf of Newport Partners XVI, Ltd., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit:_____

_____

_____
Print Name: Virginia J Weeks
Notary Public - State of Florida
Commission No.:
My Commission Expires:

F:\TAX\AHD\NEWPORT.DIR\NEWPOR16.ACC

VIRGINIA J WEEKS
My Commission CC360010
Expires Mar 25, 1998
Bonded by HAI
800-422-1555

VIRGINIA J WEEKS
My Commission CC360010
Expires Mar 25, 1998
Bonded by HAI
800-422-1555

A95000000174

OFFICE USE ONLY (Document #)

Newport Partners XVI, Ltd.
(Requestor's Name)

300 International Parkway, Ste 270
(Address)

Heathrow FL 32746
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
96 JAN -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

600001686706
-01/11/96--01044--005
***2326.25 ***1750.00

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
X	Amendment Supplemental Application increasing K $557,175.00
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

1750.00
FEE

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	dcc

CR2E031(9/92)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of _____

Newport Partners XVI, LTD, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620,112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $ 550,172.

This 7 day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

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

FILED
96 JAN -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Partner

_____

_____

_____

FEES:$7 per $1000, based on the additional contributions
Minimun $52.50 - Maximum $1750

INHSE 20 (7-90)

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
96 JAN -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000174

NEWPORT PARTNERS XVI, LTD.

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	Principal Office Address
300 INTERNATIONAL PARKWAY, SUITE 270	300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746	HEATHROW FL 32746

If above addresses are incorrect in any way, line through the incorrect information and enter correct addresses 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
02/02/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$100.00	557,172	59-3303410

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED
$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

CAHALL, PETER S
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

10. If changed, new Registered Agent/Office

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 620.102, 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 a 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 (If appointed 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 P.O. Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NEWPORT PARTNERS XVI, INC.	300 INTERNATIONAL PAR	HEATHROW FL 32746	P95000008799

900001686709
-01/11/96--01044--005
***2326.25 ****576.25

No ax dcc

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 true, duly 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 effect 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 [signature] DATE 12-19-95

Typed or Printed Name of General Partner Signing Form: Peter S. Cahall Telephone Number: 407 333 2905

CR2E003 (6/95)

0000907