A95000000186

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

000001 385280
-01/25/95--01062--001
*****35.00 *****35.00

000000 135614D
-12/19/94--01005--001
****280.00 ****280.00

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

1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #) PA $35.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

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

~~V95000000025~~

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

1/3/95 CR

FILED
1995 FEB -3 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 3, 1995

JAMES K. ENDICOTT
2612 FLORENCE DR.
KISSIMMEE, FL 33744

SUBJECT: ENDICOTT GOLF ASSOCIATES, LTD.
Ref. Number: W95000000025

We have received your document for ENDICOTT GOLF ASSOCIATES, LTD. and check(s) totaling $280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 295A00000042

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 25, 1995

ENDICOTT GOLF ASSOCIATES, LTD.
2612 FLORENCE DR.
KISSIMMEE, FL 33744

We have received your document for ENDICOTT GOLF ASSOCIATES, LTD. and your check(s) totaling $315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 895A00003158

CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED
1995 FEB -3 AM 11: 03
TALLAHASSEE, FLORIDA

1. Endicott Golf Associates, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2612 Florence Dr. Kissimmee, FL 34744
(The Business Address of Limited Partnership)

3. James Endicott
(Name of Registered Agent for Service of Process)

4. 2612 Florence Dr. Kissimmee, FL. 34744
(Florida Street Address for Registered Agent)

5. ______________________
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 2612 Florence Dr. Kissimmee, FL. 34744
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2004.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
James Endicott	2612 Florence Dr. Kissimmee FL. 34744

Signed this 18 day of January, 1995.

Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

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1995 FEB -3 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Endicott Golf Associates, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 30,000 (92).

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 40,000.

This 18 day of January, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

General Partner

General Parnter

General Partner

General Partner

General Partner

General Partner

FILED
1995 FEB -3 AM 11:03
TALLAHASSEE, FLORIDA

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
95 DEC 20 PM 2:25

1a. DOCUMENT #
A95000000186

1. Name of Limited Partnership

ENDICOTT GOLF ASSOCIATES, LTD.

Mailing Address
2612 FLORENCE DR.
KISSIMMEE FL 34744

Principal Office Address
2612 FLORENCE DR.
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE ymm

2. New Mailing Address, If Applicable: 3808 BLACKBERRY CIRCLE
Suite, Apt. #, etc.
City, State & Zip: ST. CLOUD FL. 34769

2a. New Principal Office Address, If Applicable: 3808 BLACKBERRY CIRCLE
Suite, Apt. #, etc.
City, State & Zip: ST. CLOUD FL. 34769

If above addresses are incorrect in any way, line through the incorrect information and enter 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
02/03/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$40,000.00	11,000	59-3299737	Applied For / Not Applicable — $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

ENDICOTT, JAMES
2612 FLORENCE DR.
KISSIMMEE FL 34744

10. If changed, new registered Agent/Office
Name: Endicott, James
Street Address (P.O. Box Number Is Not Acceptable): 3808 BLACKBERRY CIRCLE
Suite, Apt. #, etc.
City: ST. CLOUD FL Zip Code: 34769

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) James K. Endicott DATE 12/15/95

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
ENDICOTT, JAMES	2612 FLORENCE DR.	KISSIMMEE FL 34744	

500001680035
-01/05/96--01048--024
****215.75 ****215.75

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 for 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 or a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE James K. Endicott DATE 12/15/95

Typed or Printed Name of General Partner Signing Form: JAMES K. ENDICOTT Telephone Number: 407 892 2761

CR2E003 (6/95)

0009998