

TREISER, KOBZA & VOLPE, CHTD.

ATTORNEYS AT LAW

The Northern Trust Building
4001 Tamiami Trail North
Suite 330
Naples, Florida 33940
Telephone (813) 649-4900
Fax (813) 649-0823

Thomas A. Collins, II *
Kent A. Johanson **
Catherine E. Kidon
Kim Patrick Kobza §
Stanley J. Lieberfarb
William L. Rogers
Richard M. Treiser
Michael J. Volpe

Richard A. Shapack §
(of Counsel)

* Also admitted in Kentucky

** Also admitted in Iowa

§ Also admitted in Michigan

† Board Certified
Tax Attorney

A 95000000/90

Florida Department of State
Division of Corporations - Limited Partnership Section
409 East Gaines Street
Post Office Box 6327
Tallahassee, FL 32399

RECEIVED
JAN 26 1995
TALLAHASSEE, FL
11:11:00

Re: Valewood, Limited, a Florida limited partnership

Dear Reader:

Enclosed you will find an original and two (2) copies of the Certificate of Limited Partnership and an original and two (2) copies of the Affidavit required by Section 620.018, Florida Statutes, for filing. Also enclosed as check in the amount of \$1,837.50, which represents payment of the filing fee (\$1,750.00), certified copy fee (\$52.50), and registered agent fee (\$35.00). Please return to me in the enclosed self-addressed, stamped envelope certified copies of the filed Certificate and Affidavit.

If you should have any questions regarding this matter, please feel free to contact me. Thank you for your attention and consideration.

Very truly yours,

TREISER, KOBZA & VOLPE, CHTD.

Thomas A. Collins, II

Thomas A. Collins, II

TAC/jln

Enclosures

A 95000000/90

RECEIVED
JAN 26 1995
TALLAHASSEE, FL
11:11:00

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner hereby makes and files this Certificate of Limited Partnership for Valewood Limited, hereinafter referred to as the "Partnership".

1. Name of Partnership. The name of the Partnership is Valewood Limited.
2. Address of Office. The address of the record keeping office of the Partnership is 12887 Valewood Drive, Naples, Florida 33999.
3. Agent For Service of Process. The name and address of the Partnership's agent for service of process in Florida is James E. Collins, 12887 Valewood Drive, Naples, Florida 33999.
4. Name and Business Address of General Partner. The name and business address of the General Partner is James E. Collins, Trustee, U/A/D 12-23-94, 12887 Valewood Drive, Naples, Florida 33999.
5. Mailing Address of Partnership. The mailing address of the Partnership is 12887 Valewood Drive, Naples, Florida 33999.
6. Duration of Partnership. The Partnership and the limitation of liability of the limited partners shall commence upon the date of filing of this Certificate of Limited Partnership with the Florida Department of State. The latest date upon which the Partnership is to dissolve is December 30, 2044.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has set its hand and seal as of the 25th day of January, 1995.

By: James E. Collins, Trustee
James E. Collins, Trustee, U/A/D 12-23-94,
General Partner

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 25th day of January, 1995, by James E. Collins, Trustee U/A/D 12-23-94, general partner of Valewood Limited, a Florida limited partnership, on behalf of the Partnership. He

(check one of the below)

☒ is personally known to me or
_____ has produced _____ as identification
and who did take an oath. NOTE: If a type of identification is not inserted in the blank provided,
then the person executing this instrument was personally known to me.

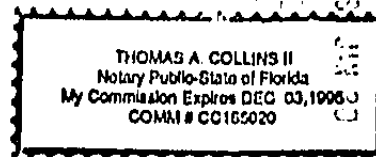
Witness my hand and official seal in the County and State last aforesaid, this 25th day
of January, 1995.

Thomas A. Collins II

Typed, Printed or Stamped Name

My commission expires:

My commission number is:



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Valewood Limited, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

By: James E. Collins
James E. Collins

AFFIDAVIT REQUIRED BY SECTION 620.018, FLORIDA STATUTES

COMES THE AFFIANT, JAMES E. COLLINS, TRUSTEE, who after being duly sworn, deposes and states as follows:

1. That he, in his capacity as Trustee, is the sole general partner of Valewood Limited, a Florida limited partnership.

2. That the limited partners of Valewood Limited, a Florida limited partnership, have contributed the following to the capital of the limited partnership:

Cash: \$1,000.00

3. That it is anticipated that the limited partners shall contribute the following capital to the limited partnership:

Cash: \$149,000.00

Securities: \$1,000.00

4. That this Affidavit is made upon actual knowledge by all general partners of Valewood Limited.

FURTHER THE AFFIANT SAYETH NOT.

By: James E. Collins, Trustee
James E. Collins, Trustee, U/A/D 12-23-94,
General Partner

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 25th day of JANUARY, 1995, by James E. Collins, Trustee U/A/D 12-23-94, General Partner of Valewood Limited, a Florida limited partnership, on behalf of the Partnership. He

(check one of the below)

☒ is personally known to me or

☐ has produced _____ as identification and who did take an oath. NOTE: If a type of identification is not inserted in the blank provided, then the person executing this instrument was personally known to me.

Witness my hand and official seal in the County and State last aforesaid, this 25th day
of January, 1995.

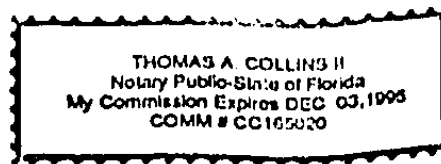
Thomas A. Collins II

Typed, Printed or Stamped Name

My commission expires:

My commission number is:

d:\wp52\data\jln\tae\valetson att



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
Nancy M. Nathan
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000190

VALEWOOD LIMITED

Mailing Address

12807 VALEWOOD DRIVE
NAPLES FL 33999

Principal Office Address

12807 VALEWOOD DRIVE
NAPLES FL 33999

If above addresses are incorrect in any way, use through this column information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA 01/30/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$151,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

65-0562991

Applied Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 Additional Fee required
if Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b 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 \$101.25 (\$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

COLLINS, JAMES E
12807 VALEWOOD DRIVE
NAPLES FL 33999

10. If changed, new Registered Agent's 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)

COLLINS, JAMES E TRUSTEE

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

12807 VALEWOOD DRIVE

11b. City, State & Zip Code

NAPLES FL 33999

11c. Registry/
Document Number

400001685764
-01/10/96--01155--022
***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, the undersigned, certify that the information supplied with this filing is a true and correct statement of the facts as they exist, and does not contain any false or misleading information. I understand that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form is true and correct and that my signature shall have the same legal effect as a signature under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee, as applicable, to which this report is being filed by chapter 620, Florida Statutes.

SIGNATURE ✓

James E. Collins

Typed or Printed Name of General Partner Signing Form ✓

James E. Collins

Telephone Number ✓ 941-649-4666