


1000

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

1. Stephen M. Savage Family Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")
2. 7220 Montrico Drive, Boca Raton, Florida 33433  
(The Business Address of Limited Partnership)
3. Stephen M. Savage  
(Name of Registered Agent for Service of Process)  
  
7220 Montrico Drive, Boca Raton, Florida 33433
4. \_\_\_\_\_  
(Florida Street Address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for  
Service of Process.)
6. c/o Stephen M. Savage, 7220 Montrico Drive, Boca Raton, Florida 33433  
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045

8. NAME OF GENERAL PARTNER(S)

**SPECIFIC ADDRESS**

**Stephen M. Savage**

7220 Montrico Drive  
Boca Raton, Florida 33433

Signed this 1<sup>st</sup> day of January, 1998.  
Signature of all general partners:

\_\_\_\_\_  
General Partner

  
\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

Stephen M. Savage Family Limited Partnership a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 990.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 250,000.

This 1 day of February, 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 true, to the best of my knowledge and belief.

\_\_\_\_\_  
General Partner

  
\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner



*Allen*

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

MEMORANDUM

February 7, 1995

TO: All Division Directors and Bureau Chiefs  
FROM: Theresa Coker, Chief, Bureau of Personnel Services  
RE: Sexual Harassment Policy

*Theresa Coker*

As the new Bureau Chief for Personnel Services, I am reviewing and updating the Career Service Employee Handbook, and hope to have that to you soon. The policies and procedures referenced in this revision will be brief, and still must be reviewed, printed, etc. In the mean time, one of the policies that Secretary Mortham would like to confirm to each of those in supervisory positions as important enough to be reviewed and stated separately is that of sexual harassment.

The policy of the Department of State is as follows:

It is the policy of the Department of State that each employee be allowed to work in an environment free from any form of sex discrimination. Sexual Harassment is a form of sex discrimination under Title VII of the 1964 Civil Rights Act, and is conduct unbecoming a state employee as provided in Section 110.227, Florida Statutes. Sexual harassment of one employee by another employee or supervisor is prohibited.

Sexual Harassment is defined as:

(a) influencing, offering to influence, or threatening the career, pay, or other terms and conditions of employment of another person in exchange for sexual favors; or

(b) deliberate or repeated unwelcomed comments or jokes, slurs, gestures, teasing or physical contact to be of a sexual nature, or known to be so construed in the case of a particular individual, in a work-related environment.

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  
Tara A. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 JAN -2 PM 3:49

FILED

1. Name of Limited Partnership

In. DOCUMENT #  
A95000000191

STEPHEN M. SAVAGE FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Name, Apt. #, etc.

City, State & Zip

2n. New Principal Office, if Applicable

Name, Apt. #, etc.

City, State & Zip

Mailing Address

7220 MONTRICO DRIVE  
BOCA RATON FL 33433

Principal Office Address

7220 MONTRICO DRIVE  
BOCA RATON FL 33433

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

3. Date Formed or Registered by Division in  
FLORIDA  
01/30/1995

3n. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown  
on Record  
\$250,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

52-191 5337

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$5.75 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 5n if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2. Supplemental Fee. \$130.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$130.75) AND NO MORE THAN \$570.25 (\$437.50 + \$130.75).  
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

SAVAGE, STEPHEN M  
7220 MONTRICO DRIVE  
BOCA RATON FL 33433

10. If changed, new Registered Agent/Office

Name

Street Address (If 62, Box Number is Not Applicable)

City, State & Zip

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)

SAVAGE, STEPHEN M

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

7220 MONTRICO DRIVE

11b. City, State & Zip Code

BOCA RATON FL 33433

11c. Registrant/  
Document Number

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

12/16/95

Telephone Number

(407) 368-6080

Printed Name of General Partner Signing Form

STEPHEN M. SAVAGE