

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

csc networks

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

800-342-8086

A95000000276

800001420988
-03/03/95--01038--020
***87.50 ***87.50

ACCOUNT NO. : 072100000032

REFERENCE : 549794 8380A

800001420988
-03/03/95--01038--019
***1750.00 ***1750.00

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE : February 28, 1995

ORDER TIME : 10:22 AM

ORDER NO. : 549794

CUSTOMER NO: 8380A

CUSTOMER: J. Gregory Humphries, Esq
SMITH WILLIAMS & HUMPHRIES

201 East Pine, Suite 701

Orlando, FL 32801

DOMESTIC FILING

NAME: FIRST TEAM IMPORTS, LTD.

G. IAX
FILING 175.00
R. AGENT FEE 25.00
C. COPY 52.50
TOTAL 187.50
N. BARK
BALANCE DUE
OFFEND

ARTICLES OF INCORPORATION
XXXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXXXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: 2/28/95
h/j

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 FEB 28 PM 1:23

RECEIVED
95 FEB 29 AM 11:13
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP OF
FIRST TEAM IMPORTS, LTD.

WHEREAS, the undersigned, desires to form a limited partnership (to be known as "First Team Imports, Ltd.") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be First Team Imports, Ltd.

2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 350 S. Lake Destiny Drive, Suite 200, Orlando, Florida 32810. The agent for the service of process is J. Gregory Humphries and his address is 201 East Pine St., Suite 701, Orlando, Florida 32801. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partner: The name and address of the General Partner is as follows:

First Team Management, Inc.
350 S. Lake Destiny Drive, Suite 200
Orlando, Florida 32810

4. Mailing Address: The mailing address for the Partnership shall be 350 S. Lake Destiny Drive, Suite 200, Orlando, Florida 32810, attention First Team Imports, Ltd.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2025, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

FILED
SECRETARY OF STATE
95 FEB 23 PM 1:23

GENERAL PARTNER:

First Team Management, Inc.

Karen Kiebow
J. Gregory Humphries

By:

W. Warner Peacock,
Vice-President

FILED
SECTION
CLERK OF DISTRICT COURT
95 FEB 23 PM 1:23

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 7th day of February, 1995, by W. Warner Peacock to me well known to be the Vice-President of First Team Management, Inc., a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

J. Gregory Humphries
(Signature)
J. Gregory Humphries
(Printed name)

NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:



J. GREGORY HUMPHRIES
MY COMMISSION # CC346456 EXPIRES
February 17, 1998
BONDED THROUGH TROY FAIR INSURANCE, INC.

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature:

J. Gregory Humphries
J. Gregory Humphries

Date:

2/4/95

SECRET
DIVISION OF CORPORATIONS
95 FEB 28 PM 1:23

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned, being first duly sworn, deposes and says that:

1. He is a Vice-President of First Team Management, Inc., a General Partner of First Team Imports, Ltd.
2. Capital contributions in the amount of \$1,000.00 have been made by the Partners of said Partnership.
3. Capital contributions in the amount of \$ 674,345.00 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of First Team Imports, Ltd.

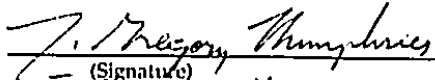
First Team Management, Inc.

By: 

W. Warner Peacock,
Vice President

STATE OF FLORIDA
COUNTY OF ORANGE

Edman The foregoing instrument was acknowledged before me this 2nd day of January, 1995, by W. Warner Peacock, Vice-President of First Team Management, Inc., General Partner of First Team Imports, Ltd., who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.


(Signature)
J. Gregory Humphries
(Printed name)

NOTARY PUBLIC - STATE OF FLORIDA
SERIAL NO.:



J. GREGORY HUMPHRIES
MY COMMISSION # CC346456 EXPIRES
February 17, 1998
BONDED THRU TROY FAIR INSURANCE, INC.

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
Teresa M. Nathan
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 29 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PRINT OR WRITE IN THIS SPACE)

1. Name of Limited Partnership
FIRST TEAM IMPORTS, LTD.

1a. DOCUMENT #
A95000000276

Mailing Address
**350 S. LAKE DESTINY DRIVE, SUITE 200
ORLANDO FL 32810**

Principal Office Address
**350 S. LAKE DESTINY DRIVE, SUITE 200
ORLANDO FL 32810**

2. How Mailing Address, if Applicable

600000-1688728-
Date: Apt. # etc. -01/10/96--01034--016
City, State & Zip ***576.25 ***576.25

2a. How Principal Office Address, if Applicable

Date: Apt. # etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA **02/28/1995**

3a. Date of Last Report

4. State of Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$674,395.00

5b. Amount of Capital Contributions in
FLORIDA to Date

6. Filing Number
59-3298470

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

50.75 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 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 607.103, 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

**HUMPHRIES, J. GREGORY
201 EAST PINE STREET, SUITE 701
ORLANDO FL 32801**

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 620.1051 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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

FIRST TEAM MANAGEMENT, INC.

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

350 S. LAKE DESTINY D

11b. City, State & Zip Code

ORLANDO FL 32810

11c. Registration/
Document Number

J22375

Note: 'General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 or penalty or 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, receiver or trustee empowered to execute this report as required by chapter 605, Florida Statutes.

SIGNATURE By:

W. Warner Peacock

DATE

12/26/95

407/660-2224

Telephone Number

Typed or Printed Name of General Partner Signing Form

0001324

CR2E003 (6/95)