

A95000000306

February 28, 1995



old town key west development, ltd.
suite #5, 601 duval street
key west, florida 33040

000001420000
01/02/95-01/21/002
*****87.50 *****87.50

To Whom it May Concern

Enclosed please find:

- 1) Check in the amount of \$87.50 (\$52.50 filing fee and \$35.00 designation of registered agent)
- 2) executed Certificate and Affidavit
- 3) Consent of Bahama Village Market, inc authorizing Bahama Village Market, Ltd to use name

Please forward certified copy or a certificate under seal .

If there are any questions please contact the undersigned or Joyce at (305) 294-3225

Your timely assistance is appreciated

Sincerely,

Michael H. Cates

Signature	<i>[Signature]</i>
Name	Michael H. Cates
Company	Bahama Village Market, Ltd.
Address	
City	
State	
Zip	

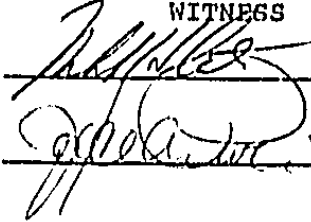
Same amount as
PA400001522
Per Subject to a
N/A in PA4345.

A95000000306

CONSENT TO USE OF NAME

I, EDWIN O SWIFT, III, being the President of Bahama Village Market, Inc., hereby consent to the use of the name Bahama Village Market, LTD., in behalf of Bahama Village Market Inc, a Florida Corporation.

WITNESS

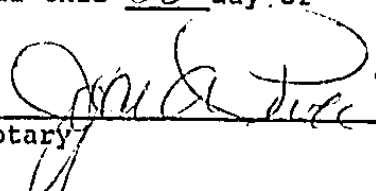



EDWIN O. SWIFT, III
GENERAL PARTNER
BAHAMA VILLAGE MARKET, INC.

STATE OF FLORIDA
COUNTY OF MONROE

Before me, personally appeared EDWIN O. SWIFT, III, to me well known and known to me to be the person described in and who executed the above Consent to Use of Name on behalf of Bahama Village Market, Inc., and acknowledged to and before me that he executed said instrument for the purpose therein expressed.

Witness my hand and official seal this 20 day of February, 1995.



Notary

My Commission Expires:



JOYCE A. PIVEC
MY COMMISSION # CC384479 EXPIRES
August 14, 1998
BONDED THROUGH TROY FARM INSURANCE, INC.

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. BAHAMA Village Market LTD
(Name of Limited Partnership, must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. #8 Key Lime Square, Key West, Fla 33040
(The Business Address of Limited Partnership)

3. Michael H. Carter
(Name of Registered Agent for Service of Process)

4. #8 Key Lime Square, Key West, Fla 33040
(Florida Street Address for Registered Agent)

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

6. #8 Key Lime Square Key West Fla 33040
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is upon sale of ALL Assets.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

OLD TOWN Key West
Development, LTD
A04345

#8 Key Lime Square, Key West, Fla
33040

Signed this 1 day of January, 1995.
Signature of all general partners:

[Signature] General Partner
General Partner
PARTNER
OTKWD

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR -2 PM 2:30
STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Bahama
Village Market, LTD, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 0.

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

[Signature]
General Partner
OTKWD

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 JAN 2 PM 2:30

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
Cynthia M. Nathan
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 OCT 17 AM 8:33
SECRET
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
BAHAMA VILLAGE MARKET, LTD.

1a. DOCUMENT #
A95000000306

Mailing Address
#8 KEY LIME SQUARE
KEY WEST FL 33040

Principal Office Address
#8 KEY LIME SQUARE
KEY WEST FL 33040

If above addresses are in correct in any way, file through the correct information and enter correct address in block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA 03/02/1995

3a. Date of Last Report

4. State or County of Formation
FL

5a. Capital Contributions as Shown
on Record \$0.00 - MHC

5b. Amount of Capital Contributions in
FLORIDA to date

6. FIC Number

☒ Applied For
☐ Not Application

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 \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$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
MAKES CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
CATES, MICHAEL H
#8 KEY LIME SQUARE
KEY WEST FL 33040

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

Zip Code
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, F.S., as 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)

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 (If 11a.101 Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
OLDTOWN KEY WEST DEVELOPMENT, LTD.	#8 KEY LIME SQUARE	KEY WEST FL 33040	A04345
AR \$52.50 SF \$138.75 10/23/95 AJ			

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 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 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 620, F.S., Florida Statutes.

SIGNATURE

Michael H. Cates

DATE

9/20/95

Typed or Printed Name of General Partner Signing Form

Michael H. Cates

Telephone Number

(305) 294-3225