A95000000306

February 28, 1995

000001 42000
02/02/95--01121--002
*****87.50 *****87.50

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

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

bahama\ltd-filing

Same people as P94000015338
[illegible]
[illegible]

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

FILED
95 FEB 20 2:30

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 THRU TROY FAIN INSURANCE, INC

forms/consent.nam

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 Cates
(Name of Registered Agent for Service of Process)

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

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

FILED
93 DEC -2 AM 2:30

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

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:

General Partner / General Partner PARTNER OTKWD

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR -2 PM 2:30

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 ture, to the best of my knowledge and belief.

General Partner	General Partner
General Partner	General Partner
General Partner	General Partner

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
1995 OCT 17 AM 8:33
SECRETARY OF STATE
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 incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

600001620626
10/26/95--01037--018
****191.25 ****191.25

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

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: [redacted] $0.00 $0.00 MKC

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: Applied For / Not Applicable

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 $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

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: FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fla. 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 (DO NOT 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 aw

CR2E003 (6/95)

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

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