Document Number Only

A95000000325

Jackie Wheeler
FOR
Thomas F. Panebianco

Requestor's Name
Post Office Box 938

Address
Tallahassee, FL 32302

City State Zip Phone
904/575-1293

CORPORATION(S) NAME

325

FILED
95 MAR -8 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

W. GUY McKENZIE FAMILY PARTNERSHIP, LTD.

03/10/95--01100--010
***1793.75

( ) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
(✓) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Certified Copy
( ) Photo Copies
(✓) CUS
( ) Call When Ready
(✓) Walk In
( ) Mail Out
( ) Call If Problem
(✓) Will Wait
( ) After 4:30
( ) Pick Up

Name Availability	BK
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

3/8/95

C. TAX
FILING 125.00
R. AGENT FEE 35.00
C. COPY CUS 8.75
TOTAL 1793.75
V. BAL.
BALANCE DUE
REFUND

CR2E031 (1-89)

Thomas F. Panebianco
Attorney-At-Law
4412 West Pensacola St. • P.O. Box 938 • Tallahassee, FL 32302
(904) 575-1203 • FAX (904) 575-6044

March 8, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 AM 11:00

Florida Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: W. Guy McKenzie Family Partnership, Ltd.

Gentlemen:

Please find enclosed for filing a certificate of limited partnership. Also enclosed is our check in the amount of $1,793.75 representing a filing fee of $1,750, designation of resident agent fee of $35 and certificate under seal of $8.75.

Thank you for your assistance.

Sincerely,

Thomas F. Panebianco

TFP:jw

Encs.

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DIVISION OF CORPORATIONS
95 MAR -8 AM 11:00

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. W. GUY McKENZIE FAMILY PARTNERSHIP, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 122 APPLEYARD DRIVE (32304)
POST OFFICE BOX 1200
TALLAHASSEE, FL 32302
(The Business Address of Limited Partnership)

3. W. GUY McKENZIE, SR.
(Name of Registered Agent for Service of Process)

4. 122 APPLEYARD DRIVE, TALLAHASSEE, FLORIDA 32304
(Florida Street Address for Registered Agent)

5. W. Guy McKenzie, Sr.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. POST OFFICE BOX 1200, TALLAHASSEE, FLORIDA 32302
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is DECEMBER 31, 2020.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

W. Guy McKenzie, Sr.	4124 Covenant Lane Tallahassee, FL 32308
THOMAS F. PANEBIANCO	7007 Alhambra Drive Tallahassee, FL 32311

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of W. GUY McKENZIE FAMILY PARTNERSHIP, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ NONE.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 3,000,000.00.

This 15th day of FEBRUARY, 19 95.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 AM 11:01

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.

W. Guy McKenzie Sr
General Partner

General Parnter

Thomas L. Pomeroy
General Partner

General Partner

General Partner

General Partner

Signed this 15th day of FEBRUARY, 1995.
Signature of all general partners:

W. Guy McKenzie Sr
General Partner
W. GUY McKENZIE, SR.

General Partner

Thomas F. Panebianco
General Partner
THOMAS F. PANEBIANCO

General Partner

General Partner

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 AM 11:01

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 SEP 28 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # A95000000325

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
W. GUY MCKENZIE FAMILY PARTNERSHIP, LTD.

Mailing Address
P.O. BOX 1200
TALLAHASSEE FL 32302

Principal Office Address
122 APPLEYARD DRIVE
TALLAHASSEE FL 32304

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address
Suite, Apt. #, etc.
City, State & Zip

400000160347 4
10/09/95--01010--016
****576.25

If above addresses are incorrect in any way, box through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
03/08/1995	N/A	FL		Applied For / Not Applicable

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date
$3,000,000.00	$3,000,000.00

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
MCKENZIE, W. GUY SR.
122 APPLEYARD DRIVE
TALLAHASSEE FL 32304

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 620.102, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MCKENZIE, W. GUY SR.	4124 COVENANT LANE	TALLAHASSEE FL 32308	
PANEBIANCO, THOMAS F	7007 ALHAMBRA DRIVE	TALLAHASSEE FL 32311	

AR - $437.50
SF - 138.75
9/28/95 aw

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, Florida Statutes.

SIGNATURE W. Guy McKenzie DATE 9-27-95

Typed or Printed Name of General Partner Signing Form W. GUY MCKENZIE, SR. Telephone Number 904/576-1221

CR2E003 (6/95)

0009478