

A95000000338

CHEEZEM MONTELLO & KENNEY, P.A.

701 BRICKELL AVENUE

SUITE 1200

MIAMI, FLORIDA 33131

TELEPHONE (305) 373-0300

FAX (305) 371-6703

March 3, 1995

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Paradise Inn, Ltd.

800001422438
-03/07/95--01054--004
***1802.50 ***1802.50

Gentlemen:

Enclosed please find two certificates of limited partnership for Paradise Inn, Ltd., together with Sepent, Inc.'s check #1196 in the amount of \$1802.50 for the maximum filing fee and a certified copy.

Please return the certified copy to me in the enclosed envelope.

Very truly yours,

Judith Kenney
Judith Kenney

FILED
1995 MAR -7 PM 12:37
STATE
TALLAHASSEE, FLORIDA

Enclosures

Name	3/8/95
Availability	Paradise Inn, Ltd.
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	DCC
	DCC

A95000000338

11,300,000.00

CERTIFICATE OF LIMITED PARTNERSHIP
OF
PARADISE INN, LTD.

THIS CERTIFICATE OF LIMITED PARTNERSHIP OF PARADISE INN, LTD. (the "Partnership"), is being executed by the undersigned for the purpose of forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986).

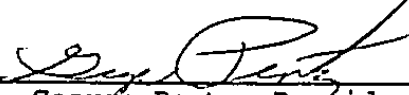
1. The name of the limited partnership is Paradise Inn, Ltd.
2. The address of the registered office of the Partnership is 819 Simonton Street, Key West, Florida 33040. The Partnership's registered agent at that address is George Pentz.
3. The name and business address of the Partnership's general partner is Sepent, Inc., 819 Simonton Street, Key West, Florida 33040. P93000074893

4. The mailing address and principal place of business for the Partnership is 819 Simonton Street, Key West, Florida 33040.

5. The latest date upon which the Partnership is to dissolve is the thirtieth anniversary of the filing of this Certificate.

IN WITNESS WHEREOF, the undersigned sole general partner of the Partnership has caused this Certificate of Limited Partnership to be executed this 27th day of February, 1995.

SEPENT, INC.

By: 

George Pentz, President

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of Paradise Inn, Ltd., hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes Section 620.192.


George Pentz
Registered Agent

February 27, 1995.

FILED
1995 FEB -7 PM 12:37

AFFIDAVIT
OF
GENERAL PARTNER
OF
PARADISE INN, LTD.

STATE OF FLORIDA)

COUNTY OF MONROE)

BEFORE ME, the undersigned authority personally appeared George Pentz, in his capacity as President of Sepent, Inc., a Florida corporation that is the General Partner of Paradise Inn, Ltd., and in connection with the formation of Paradise Inn, Ltd., as a Florida limited partnership (the "Partnership"), who being by me first duly sworn, on oath, deposes and says that:

1. The amount of the capital contributions of the limited partners of the Partnership is \$750,000.

2. The amount anticipated to be contributed by the limited partners of the Partnership is \$1,300,000.

SEPENT, INC.
as General Partner

By: *George Pentz*
George Pentz,
President

STATE OF FLORIDA

COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 27th day of February, 1995, by George Pentz, in his capacity as President of Sepent, Inc., a Florida corporation, on behalf of the corporation. He has produced a driver's license issued by the State of Florida as identification and did take an oath.

Fl. Driver License
SHAWN I.D.

+ 532-310-30-244-0
ON: George Pentz



CINDY SUNSHINE HOEFFLER
MY COMMISSION # 00362380 EXPIRES
MARCH 20, 1998
POWERED THROUGH TROY FARM INSURANCE, INC.

Name of Acknowledger Typed,
Printed or Stamped

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 Matham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 DEC 26 PM 2:31

FILED

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000338

PARADISE INN, LTD.

2. New Mailing Address, If Applicable

State Apt # etc

City State & Zip

2a. New Principal Office Address, If Applicable

State Apt # etc

City State & Zip

Mailing Address

819 SIMONTON STREET
KEY WEST FL 33040

Principal Office Address

819 SIMONTON STREET
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

3. Date Formed or Registered in the Business in FLORIDA

03/07/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on Record

5b. Amount of Capital Contributions in FLORIDA to date

1,300,000.00 \$1,179,700.⁰⁰

6. FID Number

65-0572768

Applicant Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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 807.193, 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

PENTZ, GEORGE
819 SIMONTON STREET
KEY WEST FL 33040

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State 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.

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

SEPENT, INC.

819 SIMONTON STREET

KEY WEST FL 33040

P93000074893

200001677842
-01/04/96--01021--009
****576.25 ****576.25

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 hereby 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

DATE

12-21-95

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)