FRANK P. NISI, JR. & ASSOCIATES, P.A.
ATTORNEYS AT LAW

205 EAST CENTRAL BLVD, SUITE 304 • ORLANDO, FLORIDA 32801 • (407) 422-5068 • FAX (407) 422-9166

A95000000342

300001422443
-03/07/95--01054--005
****192.50 ****192.50

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Sir:

Enclosed for filing with the Division of Corporations is the original and one conformed copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for Deardoff Limited, a Florida Limited Partnership.

Also enclosed is a check payable to the Department of State in the amount of $192.50. This includes a $35.00 filing fee, a $52.50 fee for a certified copy of such certificate, and a $105.00 ($7.00 per $1,000.00) filing fee with the Department of State based on a $15,000.00 capital contribution.

FILED
95 MAR -7 PM 12:37
TALLAHASSEE, FLORIDA

Please return a certified copy to me at the address listed above.

Sincerely,

Frank P. Nisi, Jr.

Name Availability	FPN:ms 3/8/95 dcc
Document Examiner	Enclosures DCC
Updater	
Updater Verifyer	
Acknowledgement	DCC
W. P. Verifyer	DCC

TC $15,000.00

A95000000342

CERTIFICATE OF LIMITED PARTNERSHIP OF
DEARDOFF, LIMITED, A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is DEARDOFF LIMITED.

2. The address of the office of the Partnership is 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.

3. The name and address of the agent for service of process on the Partnership are R. Bruce Deardoff, 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.

4. The names and business address of the general partners are as follows:

   R. Bruce Deardoff — 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752

   Sandra M. Deardoff — 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752

5. The mailing address of the Partnership is 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.

6. The latest date upon which the partnership shall dissolve is December 31, 2075.

FILED

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by all of the general partners of DEARDOFF LIMITED this 21st day of February, 1995.

General Partners:

R. Bruce Deardoff

Sandra M. Deardoff

Sworn to and subscribed before me this 21st day of February, 1995. The above-signed are personally known to me or produced a Florida Driver's License as identification.

Notary Public, State of Florida
at Large

My commission expires:

TANYA M. BEARS
MY COMMISSION # CC 333206
EXPIRES: December 9, 1997
Bonded Thru Notary Public Underwriters

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

DEARDOFF LIMITED, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 15,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this

time totals $ 15,000.00

This 21st day of February, 1995.

FILED
95 MAR -7 PM 3:17

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

R. Bruce Deardoff
General Partner

Sandra M. Deardoff
General Partner

Sworn to and subscribed before me this 21st day of February, 1995. The above-signed are personally known to me or produced a Florida Driver's License as identification.

Notary Public, State of Florida
at Large

My commission expires:

TANYA M. BEARS
MY COMMISSION # CC 333266
EXPIRES: December 3, 1997
Bonded Thru Notary Public Underwriters

(Print Type or Stamp Commissioned Name of Notary Public)

Personally Known [X] OR Produced Identification [ ]

Type of I.D. Produced _____

A95000000342

OFFICE USE ONLY (Document #)

Deardoff Limited
(Requestor's Name)
1850 E. Merritt Island Causeway
(Address)
Merritt Island, FL 32953
(City, State, Zip) (Phone #)

500001668115
-12/21/95--01060--011
***2326.25 ***1750.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
95 DEC 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
X	Amendment Supplemental affidavit increasing to $ 399,000.00
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name Availability
Document Examiner DCC
Updater
Verifier
Acknowledgment DCC
W. P. Verifyer DCC

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX 1,750.00
FILING DUE
REFUND

Examiner's Initials

CR2E031(9/92)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of DEARDOFF LIMITED, a Florida Limited Partnership, declare that the supplemental capital contributions of all the Limited Partners in the Partnership during the 1995 calendar year are $389,000.

IN WITNESS WHEREOF, the undersigned, constituting all of the General Partners of Deardoff Limited, a Florida Limited Partnership, have signed this affidavit as of the date set forth below.

Under penalties of perjury I/we declare that I/we have read the foregoing and that the facts are true, to the best of my/our knowledge and belief.

General Partners:

R. Bruce Deardoff

Sandra M. Deardoff

FILED
95 DEC 19 PM 2:00
STATE
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me this 17 day of November, 1995, by R. Bruce Deardoff, who is personally known to me or who produced a Florida Drivers License/_____ as identification.

Notary Public, State of
Florida at large;

TANYA M. BEARS
MY COMMISSION # CC 333283
EXPIRES: December 3, 1997
Bonded Thru Notary Public Underwriters

My commission expires

Sworn to and subscribed before me this 17 day of November, 1995, by Sandra M. Deardoff, who is personally known to me or who produced a Florida Drivers License/_____ as identification.

Notary Public, State of
Florida at large;

TANYA M. BEARS
MY COMMISSION # CC 333283
EXPIRES: December 3, 1997
Bonded Thru Notary Public Underwriters

My commission expires:

sys1c:\pshpjv\drdfpshp.aff

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 18 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1a. DOCUMENT #
A95000000342

1. Name of Limited Partnership

DEARDOFF LIMITED

Mailing Address
1850 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

Principal Office Address
1850 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

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

700001668117
12/21/95--01060--011
***2326.25 ****576.25

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

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 to Do 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 $15,000.00

5b. Amount of Capital Contributions in FLORIDA to date $339,000

6. FEI Number 59-3347927

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$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.

$2,326.25

9. Name and Address of Current Registered Agent

DEARDOFF, R. BRUCE
1850 EAST MERITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

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, 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
DEARDOFF, R. BRUCE	1850 EAST MERRITT ISL	MERRITT ISLAND FL 327	
DEARDOFF, SANDRA M	1850 EAST MERRITT ISL	MERRITT ISLAND FL 327	

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 effect 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 R. Bruce Deardoff DATE 12/15/95

Typed or Printed Name of General Partner Signing Form R. Bruce Deardoff

Telephone Number

CR2E003 (6/95)

0006858