

CONTACT:

456898

A 95000000374

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR -9 PM 12: 59

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

1. Roche Family Partnership, Ltd. 800001427918
(Corporation Name) (Document #) -03/19/95--01052--005
*****87.50 *****87.50
2. _____
(Corporation Name) C. TAX _____ (Document #)
3. _____
(Corporation Name) FILING 52.50 (Document #)
4. _____
(Corporation Name) R. AGENT FEE 25.00 (Document #)
5. _____
(Corporation Name) C. COPY _____ (Document #)
6. _____
(Corporation Name) TOTAL 97.50 (Document #)

RUSH

- Walk in Pick up time BALANCE DUE _____ Certified Copy ARTICLES ONLY
- Mail out Will wait PHOTOCOPY _____ Certificate of Status ALL CHARTER DOCS
- FILING _____ CERTIFICATE OF GOOD STANDING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

- Certificate of FICTITIOUS NAME
- FICTITIOUS NAME SEARCH
- CORP SEARCH

RECEIVED DIVISION OF CORPORATIONS 95 MAR -9 PM 11: 18

HOLD FOR PICKUP BY UCC SERVICES

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

FOR

ROCHE FAMILY PARTNERSHIP, LTD.

FILED STATE'S
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR -9 PM 5:59

The undersigned hereby makes, swears to, and files this Certificate of Limited Partnership for ROCHE FAMILY PARTNERSHIP, LTD., hereinafter referred to as the "Partnership."

1. Name. The name of the Partnership is ROCHE FAMILY PARTNERSHIP, LTD.

2. Principal Place of Business. The principal place of business of the Partnership shall be 200 East Robinson Street, Suite 1150, Orlando, FL 32801, or at such other place or places as the General Partner may, from time to time, determine.

3. Mailing Address of the Limited Partnership. The mailing address of the Limited Partnership shall be P. O. Box 3027, Orlando, Florida 32802.

4. Name and Address of General Partner. The name and business address of the General Partner of the Partnership is as follows:

<u>Name</u>	<u>Address</u>
SIDNEY J. ROCHE, SR.	Route 2, Box 176 Chipley, Florida 32428

5. Initial Registered Office and Agent. The street address for the initial registered office of the Partnership shall be: Kurt E. Grosman located at 200 East Robinson Street, Orlando, Florida, 32801.

6. Term. The Partnership shall continue until December 31, 2015, unless sooner terminated in accordance with the Partnership's Agreement of Limited Partnership.

7. Membership. There are at least two (2) partners in the Partnership, at least one (1) of whom is a limited partner.

Dated this 1st day of March, 1995.

GENERAL PARTNER:


SIDNEY J. ROCHE, SR.

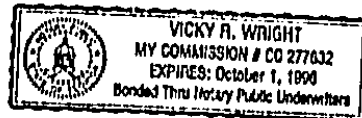
STATE OF FLORIDA
COUNTY OF WASHINGTON

Subscribed and sworn before me this 1st day of March, 1995, by Sidney J. Roche, Sr., General Partner, in the County of Washington, State of Florida. I relied upon the following identification: Fla. Drivers License R200-790-16-412-0.
An oath (was) (was not) taken.

Witness my hand and official seal.

Vicky R. Wright
Notary public (SEAL)

My commission expires: Oct. 1, 1996



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 HAR - 9 PM 12: 59

AFFIDAVIT

I, the undersigned, the General Partner of the Rocha Family Partnership, Ltd., hereby declare as follows:

1. It is anticipated that the Limited Partners of the Rocha Family Partnership, Ltd. will make a nominal contribution of \$1,000 and, accordingly, the minimum filing fee is appropriate.
2. It is not anticipated that any additional capital contributions will be made by the Limited Partners.

Dated this 1st day of March, 1995.

GENERAL PARTNER:

Sidney J. Roche, Sr.
 Sidney J. Roche, Sr.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR -9 PM 12:59

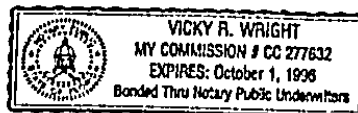
STATE OF FLORIDA
COUNTY OF WASHINGTON

Subscribed and sworn before me this 1st day of March, 1995, by Sidney J. Roche, Sr., General Partner, in the County of Washington, State of Florida. I relied upon the following identification: Fla. Drivers License R200-790-16-412-D.
 An oath (was) (was not) taken.

Witness my hand and official seal.

Vicky R. Wright
 Notary Public (SEAL)

My commission expires: Oct. 1, 1996




**CERTIFICATE DESIGNATING PLACE OF REGISTERED OFFICE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING REGISTERED AGENT UPON WHOM
PROCESS MAY BE SERVED**

PURSUANT to Florida Statutes Chapter 620.105, the following is submitted:

THAT, the ROCHE FAMILY PARTNERSHIP, LTD., desiring to organize under the laws of the State of Florida, with its principal place of business as indicated in the Certificate of Limited Partnership in the City of Orlando, County of Orange, State of Florida, has named as its Registered Agent, Kurt E. Grosman, 200 East Robinson, Suite 1150, in the City of Orlando, County of Orange, State of Florida, to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated limited partnership, at the place designated in this Certificate, I hereby accept and agree to act in this capacity and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.


Kurt E. Grosman

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 12: 59

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
Candice McPherson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 28 PM 3:23

mt
1/3

1. Name of Limited Partnership
1a. DOCUMENT # A95000000374

ROCHE FAMILY PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address
P.O. BOX 3027
ORLANDO FL 32802

Principal Office Address
200 EAST ROBINSON STREET, SUITE 1150
ORLANDO FL 32801

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

3. Date Formed or Beg. started to Do Business in FLORIDA **03/09/1995**

3a. Date of Last Report **N/A**

4. State of Country of Formation **FL**

5a. Capital Contributions as Shown on Record **\$1,000.00**

5b. Amount of Capital Contributions in FLORIDA to date **1,000.00**

6. FID Number **59-3327484**

Applied Fee
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$6.75 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: \$136.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$136.75) AND NO MORE THAN \$576.25 (\$437.50 + \$136.75)
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
GROSMAN, KURT E
200 EAST ROBINSON STREET, SUITE 1150
ORLANDO FL 32801

10. If changed, new Reg Street 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)
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. Registry/Document Number
ROCHE, SIDNEY J. SR.	ROUTE 2, BOX 178	CHIPLEY FL 32428	200001679242 -01/04/96--01126--010 ****191.25 ****191.25

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 further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this filing as required by chapter 620, Florida Statutes.

SIGNATURE *Sidney J. Roche*
Typed or Printed Name of General Partner Signing Form **SIDNEY J. ROCHE, General Partner**

DATE **17 Nov 95**
Telephone Number **(904) 535-2565**

CR2E003 (6/95)