A95000000375

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

February 19 1995

Attention,

Attached you will find the application and certificate of registration for Passage to Paradise Ltd. The General Partner and phone number for contact is:

Thomas M Marinko
10221 W. Hwy 98 #19
Destin, Florida 32541
904-654-4216

FILED
95 FEB -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If you have any questions regarding this matter please do not hesitate to call. Enclosed you will also find my registration fee of $ 175.00, (140.00 Filing fee, and a 35.00 Registered agent designation fee.)

Sincerely,

Thomas M Marinko
General Partner

100000141402'1
-02/23/95--01093--001
****175.00 ****175.00

Name Availability
Document Examiner
Updater
Updater Verifyer
Acknowledgement DOC
C.P. Verifyer DOC

A95000000375
1
W95000004228

TC
$20,000.00

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

February 29 1996

Attention,

Attached you will find the application and certificate of registration for Passage to Paradise L.L.C. The General Partner and phone number for contact is:

Thomas N Marinko
10221 W. Hwy 98 #19
Destin, Florida 32541
904-654-4216

If you have any questions regarding this matter please do not hesitate to call. Enclosed you will also find my registration fee of $ 175.00, (140.00 Filing fee, and a 35.00 Registered agent designation fee.)

Sincerely,

Thomas N Marinko
General Partner

A96000003575

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 24, 1995

THOMAS M. MARINKO
10221 W. HWY 98 #19
DESTIN, FL 32541

SUBJECT: PASSAGE TO PARADISE LIMITED PARTNERSHIP
Ref. Number: W95000004228

We have received your document for PASSAGE TO PARADISE LIMITED PARTNERSHIP and your check(s) totaling $175.00. However, the document has not been filed and is being retained in this office for the following:

You must submit the original documents. All you submitted was a photo copy of the Certificate of Limited Partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 895A00008469

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. PASSAGE TO PARADISE LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 10221 W. Hwy 98 #19, Destin FL 32541
(The Business Address of Limited Partnership)

3. THOMAS M. MARINKO
(Name of Registered Agent for Service of Process)

4. 10221 W. Hwy 98 #19 Destin FL 32541
(Florida Street Address for Registered Agent)

FILED
05 JUN -6 AM 10:11

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

6. 10221 W. Hwy 98 #19 Destin FL 32541
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 3/14/2020.

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

THOMAS M. MARINKO	10221 W. Hwy 98 #19 Destin FL 32541

Signed this 19th day of February, 1995.
Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 FEB -9 AM 11:01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Passage to Paradise, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 20,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 20,000.

This 17th day of FEBRUARY, 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.

FILED
95 FEB -9 AM 10:01

General Partner	General Parnter
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

A95000000375

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: PASSAGE TO PARADISE LIMITED PARTNERSHIP

1a. DOCUMENT # A95000000375

96 AR

CM

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address: 10221 W. HWY 98 #19, DESTIN, FL. 32541

Principal Office Address

If the addresses are incorrect in any way, lose through the incorrect information and enter correct addresses in Blank 2 and/or 2a

3. Date Formed or Reg'stered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
9MAR95	12/31/95	FLORIDA

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
20,000	20,000	59-3298734		$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	10. If changed, new Reg'stered Agent/Office
THOMAS M. MARINKO, GENERAL PTR. 10221 W. HWY 98 #19 DESTIN, FL. 32541	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 12-18-95

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 Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
THOMAS MARINKO	10221 W HWY 98 #19	DESTIN, FL 32541	A95000000375

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 DATE 12-18-95

Typed or Printed Name of General Partner Signing Form: THOMAS M. MARINKO Telephone Number: 904-654-4216

CR2E003 (6/95)