

A9500000375

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

February 19 1995

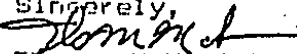
Attention,

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

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.)

FILED
1995 MAR -9
TALLAHASSEE, FLORIDA

Sincerely,

Thomas M Marinko
General Partner

100001414021
-02/23/95--01093--001
***175.00 ***175.00

Name	
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Adm. no. judgement	000
Adm. P. Verifier	000

A9500000375

W95000004228

TC
\$20,000.00

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

February 19, 1995

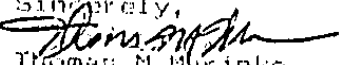
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Sincerely,


Thomas N. Marinko
General Partner

A9300000375

TE
3/17/95



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) totalling \$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

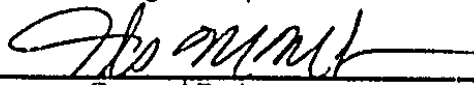
1. PASSAGE TO PARADISE LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 10221 W. HWY 98 #19, Destin FL 32541
(The Business Address of Limited Partnership)
3. THOMAS M. MARINKO
(Name of Registered Agent for Service of Process)
4. 10221 W. HWY 98 #19 Destin FL 32541
(Florida Street Address for Registered Agent)
5. 
(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

<u>THOMAS M. MARINKO</u>	<u>10221 W. HWY 98 #19</u>
<u></u>	<u>Destin FL 32541</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Signed this 19th day of February, 1925.
Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1925 FEB -9 AM 11:01
TALLAHASSEE FLORIDA

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:

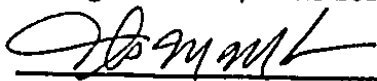
The amount of capital contributions to date of the limited partners is \$ 20,000.

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

This 19th 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 true, to the best of my knowledge and belief.



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR -9 PM 11:01

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

UNITED PARTNERSHIP
ANNUAL REPORT
1996



STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

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

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

PASSAGE TO PARADISE
LIMITED PARTNERSHIP

1a. DOCUMENT #

A95000000375

96-AR

CM

Mailing Address

Principal Office Address

10221 W. HWY 98 #19
DESTIN, FL. 32541

State Apt # etc

City State & Zip

2a. New Principal Office Address (If Applicable)

State Apt # etc

City State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA

9MAR95

3a. Date of Last Report

12/31/95

4. State or Country of Formation

FLORIDA

5a. Capital Contributions as Shown
on Record

20,000

5b. Amount of Capital Contributions in
FLORIDA to date

20,000

6. FID Number

59-3298734

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

Additional Fee required
for Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 6a 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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$476.25 (\$437.50 + \$138.75).
Note: If the amount entered in 5b is greater than amount entered in 6a, 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

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

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 620.102, 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)

Thomas M. Marinko

DATE 12-18-95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

THOMAS MARINKO

11a. Address of Each General Partner
(If not P.O. Box, use Post Office Box Number)

10221 W HWY 98 #19

11b. City, State & Zip Code

DESTIN, FL 32541

11c. Registration/
Document Number

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

Thomas M. Marinko

DATE

12-18-95

Typed or Printed Name of General Partner Signing Form

THOMAS M. MARINKO

Telephone Number

904-654-4216

CR2E003 (2/95)