

A95000000454

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Mariner Square
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96 Willard Street
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Telephone (407) 639-1320
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Imperial Plaza
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Melbourne, Florida 32940
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* (Admitted to TX & GA only)

January 10, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: **R.H.E. LIMITED PARTNERSHIP**

Dear Sir or Madam:

Enclosed is the original and one (1) copy of the Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contributions for the above proposed Florida limited partnership, along with checks totalling \$262.50, for payment of the following:

Filing Fee	\$175.00
Certified Copy Fee	\$ 52.50
Registered Agent Fee	\$ 35.00

Please file the enclosed Certificate and Affidavit and return certified copies to me. Thank you for your assistance in this matter.

Name	
Availability	3/22/95
Document Examiner	LL
Validator	DD
Verifier	KB/edr
Enclosures	
Acknowledgement	DD
W. P. Verifier	DD

Sincerely,


Kohn Bennett, Esquire

500001379775
-01/13/95--01010--001
****227.50 ****227.50

500001379775
-01/13/95--01010--002
*****35.00 *****35.00

FILED
1995 MAR 20 PM 2:20
TALLAHASSEE, FLORIDA

Completed
1/15/95

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TC
\$25,000.00

W950000001472



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 20, 1995

KOHN BENNETT
AMARI THERIAC & EISENMENGER, P.A.
96 WILLARD STREET, SUITE 302
COCOA, FL 32922-7998

SUBJECT: R.H.E. LIMITED PARTNERSHIP
Ref. Number: W95000001472

We have received your document for R.H.E. LIMITED PARTNERSHIP and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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: 295A00002534

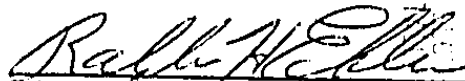
AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared Affiant, **RALPH H. ECKLER**, who being first duly sworn, deposes and says that:

1. This Affidavit is made for the purpose of stating that I am the Incorporator of Eckler Inc., and am the same person who wishes to create a partnership under the name Eckler Limited Partnership.

Further, Affiant sayeth not.


RALPH H. ECKLER

FILED
MAR 20 PM 1:20

The foregoing Affidavit was acknowledged before me this 15th day of March, 1998, by **RALPH H. ECKLER**, who is personally known to me, and who did not take an oath.



NOTARY PUBLIC
My Commission Expires:



CERTIFICATE OF LIMITED PARTNERSHIP

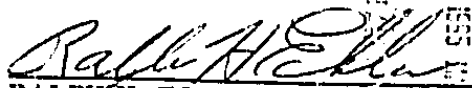
The name of the limited partnership shall be **ECKLER LIMITED PARTNERSHIP**
(hereinafter "Partnership").

The recordkeeping office and mailing address of the Partnership shall be located at 5200
South Washington Avenue, Titusville, Florida 32780.

Ralph H. Eckler, 5200 South Washington Avenue, Titusville, Florida 32780, shall be the
agent for service of process.

The latest date for dissolution of the Partnership shall be January 1, 2019.

General Partner:


RALPH H. ECKLER
5200 South Washington Avenue
Titusville, Florida 32780

FILED
OCT 20 11 20
NOTARY

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared **RALPH H. ECKLER**,
who is personally known to me, and who did not take an oath on this 18th day of October,
1995.


NOTARY PUBLIC
My Commission Expires:



AFFIDAVIT DECLARING AMOUNT OF
CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF BREVARD

On this day personally appeared before me, an officer duly authorized to administer oaths, RALPH H. ECKLER, who being first duly sworn, deposes and says:

1. That the following persons shall contribute the indicated amounts in their capacity as limited partners:

Ralph H. Eckler	\$5,000.00	1 Partnership Unit
Nicole E. Eckler Trust Created Pursuant to the Ralph H. Eckler Children's Trust Dated October 18, 1994.	\$5,000.00	1 Partnership Unit
Susan L. Eckler Trust Created Pursuant to the Ralph H. Eckler Children's Trust Dated October 18, 1994.	\$5,000.00	1 Partnership Unit
Corinne Y. Eckler Trust Created Pursuant to the Ralph H. Eckler Children's Trust Dated October 18, 1994.	\$5,000.00	1 Partnership Unit
Robert Eckler	\$5,000.00	1 Partnership Unit

FILED
1995 MAR 10 PM 4:20
TALLAHASSEE FLA

2. It is anticipated that no further contributions will be made by the limited partners.

WITNESSES:

Mary E. Turner

Ralph H. Eckler
RALPH H. ECKLER

Elaine Robinson

Sworn to and subscribed before me this 18th day of October, 1994.

Shaun S. Kronfield
NOTARY PUBLIC
My Commission Expires:



OFFICIAL SEAL
Shaun S. Kronfield
My Commission Expires
Aug. 17, 1996
Comm. No. CC 222958

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
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 1 19 2 91

1996

OFFICE WITHIN THE SPACE

1. Name of Partnership
ECKLER LIMITED PARTNERSHIP
1n. DOCUMENT #
A95000000454
46-AR
CM

Mailing Address
**5200 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780**
Principal Office Address
**5200 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780**

2. New Mailing Address (If Applicable)

Include Apt. # etc.

City, State & Zip

2n. New Filing Fee
124.24
Include Apt. # etc. **+++313.75 +++313.75**

Include Apt. # etc.

City, State & Zip

3. Date Form or Report Filed to the Department
03/20/1995
3n. Date of Last Report
4. State of Country of Formation
FL

5a. Capital Contributions as Stated on Record
\$25,000.00
5b. Amount of Capital Contributions in FLORIDA to date
0
6. Telephone
59-3293944

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: \$130.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE TWO FIFTEENTHS (\$191.25 (\$52.50 + 2 x \$130.75)) AND NO MORE THAN \$576.25 (\$437.50 + \$130.75).
Note: If the amount entered in 5b or 5a 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
**ECKLER, RALPH H
5200 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780**

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
\$0.75 Additional Fee required for a Certificate of Status

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Include Apt. # etc.
City, State & Zip
FL Zip Code

10a. Pursuant to the provisions of sections 607.103 and 607.102, 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 607.102, 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 Number)	11b. City, State & Zip Code	11c. Registration/Document Number
ECKLER, RALPH H	5200 SOUTH WASHINGTON	TITUSVILLE FL 32780	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not purport to be exempt from the provisions of the Freedom of Information Act, Florida Statutes. I release the Division of Corporations from any liability of damages or expenses with respect to this filing and I agree to indemnify the Division of Corporations from any and all damages or expenses. I further certify that the information indicated on this annual report is true and accurate and that the signature shall have the same legal effect as if made under oath by the general partner(s) of the limited partnership, receiver or trustee.

SIGNATURE *Ralph H. Eckler* DATE *1995*
Typed or Printed Name of General Partner, Signing Form: **Ralph H. Eckler** Telephone Number: **(407) 269-9680**

CR2E003 (6-95)