A95000000454

LAW OFFICES

AMARI, THERIAC & EISENMENGER, P.A.

Attorneys and Counselors At Law

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Scott Mason Baughan
Anthony A. Garganese
Carla Neeley Freitag*

Reply To: Cocoa

Mariner Square
Suite 302
96 Willard Street
Cocoa, Florida 32922-7998
Telephone (407) 639-1320
Fax (407) 639-6690

Imperial Plaza
Suite 400
6767 N. Wickham Road
Melbourne, Florida 32940
Telephone (407) 259-6611
Fax (407) 259-6624
* (Admitted in TX & GA only)

January 10, 1995

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

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

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

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

FILED
95 JAN 20 PM 2:20

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

Sincerely,

Kohn Bennett, Esquire

Name Availability 3/22/95 dcr
Document Examiner
Updater
Verifier KB/edr
Enclosures
Acknowledgement DCC
W. P. Verifier DCC

Certified
A95000000454

A95000000454 $25.00 CC

W95000001472

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
1995 MAR 20 PM 2:

The foregoing Affidavit was acknowledged before me this 15th day of March, 1995, by **RALPH H. ECKLER**, who is personally known to me, and who did not take an oath.

NOTARY PUBLIC
My Commission Expires:

ELAINE ROBINSON
MY COMMISSION # CC 346917
EXPIRES: February 7, 1998
Bonded Thru Notary Public Underwriters

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
95 OCT 20 PM 2:20

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:

ELAINE ROBINSON
MY COMMISSION # CC 346917
EXPIRES: February 7, 1998
Bonded Thru Notary Public Underwriters

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

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

WITNESSES:

RALPH H. ECKLER

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

NOTARY PUBLIC
My Commission Expires:

OFFICIAL SEAL
Shauny 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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000454

ECKLER LIMITED PARTNERSHIP

96-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

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address

Suite, Apt. #, etc. ****313.75 ****313.75

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/20/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$25,000.00	∅	59-3293944

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

9. Name and Address of Current Registered Agent

ECKLER, RALPH H
5200 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

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 620.105 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
ECKLER, RALPH H	5200 SOUTH WASHINGTON	TITUSVILLE FL 32780	

CR2E003 (6/95)

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 complete, 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 ... I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Ralph H Eckler DATE , 1995

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

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