Prentice Hall Legal & Financial Services

ATTN: [illegible] (000) 222-4405

1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

A95000000457

95 MAR 16 PM 1:25

DIVISION OF CORPORATION

CORPORATION(S) NAME — CHARTER NUMBER

HRI Family Limited Partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 11:42

- ____ Amendment
- ____ Annual Report
- ____ Change of Registered Agent
- ____ Dissolution/Withdrawal
- ____ Domestication
- ____ Fictitious Business Name
- ____ Foreign - Profit
- ____ Foreign - Non-Profit
- X Limited Partnership
- ____ Limited Liability
- ____ Mtr. Veh. ____

C. TAX
AGENT FEE 52.50
C. COPY 35.00
TOTAL 87.50
N. BANK
BALANCE DUE
REFUND

- ____ Merger
- ____ Name Reservation
- ____ Name Registration
- ____ Non-Profit/Articles of Incorporation
- ____ Other ____
- ____ Profit/Articles of Incorporation
- ____ Reinstatement
- ____ Resignation of R.A., Off/Dir
- ____ Trademark
- ____ UCC/Filing 1 ____
- ____ UCC/Filing 3 ____

W95000000457

- X Certified Copy ____
- X Photocopy ____
- ____ Corporate Print-Out
- ____ Fictitious/Owner Search

- ____ CUS 400001433624
- ____ Good Standing -03/24/95--01110--007 *****52.00 *****52.00
- ____ R.A., Off/Dir Search

(X) Walk in ( ) Call If Problem ( ) Will Wait (X) Pick up 3/16 DATE/TIME

FOR PRENTICE HALL'S USE ONLY

400001433624
-03/24/95--01110--008
*****35.50 *****35.50

BRANCH ORDERING: LA BY: Ann Nadler
BRANCH RECEIVING: LA114 BY: LMW
REF/JOB # 058-95-02-576
CLIENT MATTER # ____
SAME DAY ____ 24 HR ____ ROUTINE ____
VERBAL REQUESTED: YES OR NO
DATE SENT: __/__/__ MAIL FAX____ FED EXP.
FILED: __/__/__
SENT TO: BRANCH____ CLIENT ____
SPECIAL INSTRUCTIONS: rcvd ✓ 52.00

CHECK #	
ST./CTY/ FEES	35.50
CORR. FEE/ SPEC. HANDL.	20
MESSENGER	
COPIES	
FAX FEE	
OTHER	
TOTAL	

White - SECRETARY OF STATE Blue - CLIENT SPECIALIST COPY Green - FILE Canary - ACCOUNTING

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. HRI FAMILY LIMITED PARTNERSHIP
~~HRI FAMILY LIMITED PARTNERSHIP~~
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

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2. 763 North Beach Street, Ormond Beach, Florida 32174
(The Business Address of Limited Partnership)

3. Howard Carrey
(Name of Registered Agent for Service of Process)

4. 763 North Beach Street, Ormond Beach, Florida 32174
(Florida Street Address for Registered Agent)

5. Howard Carrey
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 763 North Beach Street, Ormond Beach, Florida 32174
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 2035.

8. NAME OF GENERAL PARTNER(S) P95000023U6U SPECIFIC ADDRESS

HRI FAMILY CORPORATION	763 North Beach Street, Ormond Beach, Florida 32174

Signed this 07 day of March, 1995.
Signature of all general partners:

General Partner

HRI FAMILY CORPORATION
by: Howard Carrey, President

General Partner

General Partner

General Partner

General Partner

General Partner

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of the HRI FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ $1,000.00.

This 07 day of March, 19 95.

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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.

General Partner
HRI FAMILY CORPORATION
by: Howard Carrey, President

General Partner

General Partner

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

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 18 PM 4:17

1. Name of Limited Partnership

1a. DOCUMENT # A95000000457

HRI FAMILY LIMITED PARTNERSHIP

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	Principal Office Address
763 NORTH BEACH STREET	763 NORTH BEACH STREET
ORMOND BEACH FL 32174	ORMOND BEACH FL 32174

If above addresses are incorrect in any way, type through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/22/1995		FL

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
$1,000.00	$1,000.00	59-3305277		

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 Registered Agent/Office
CARREY, HOWARD 763 NORTH BEACH STREET ORMOND BEACH FL 32174	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 _____

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
HRI FAMILY CORPORATION	763 NORTH BEACH STREE	ORMOND BEACH FL 32174	P95000023060

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 I do 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 report as required by chapter 620, Florida Statutes.

SIGNATURE Howard Carrey HOWARD CARREY DATE 9-15-95

Typed or Printed Name of General Partner Signing Form HRI FAMILY LTD PARTNERSHIP Telephone Number 904-677-1824

CR2E003 (6/95)

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