

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086



A95000000484

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 MAR 27 PM 3:33

ACCOUNT NO. : 0721000000032

REFERENCE : 566324 82724A

AUTHORIZATION :

Patricia Pizit

COST LIMIT : ~~4 PPP~~ 87.50

ORDER DATE : March 27, 1995

ORDER TIME : 9:34 AM

800001440778

ORDER NO. : 566324

CUSTOMER NO: 82724A

W45000006677

CUSTOMER: Ms. Tracey Gonsalves  
MORRISON & CONROY

975 6th Avenue, South

Naples, FL 33940

RECEIVED  
95 MAR 27 PM 10:20  
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: B.B./4, LTD.

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

3/27/95  
B/K

**MORRISON & CONROY**

A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
875 SIXTH AVENUE SOUTH  
NAPLES, FLORIDA 33940  
(813) 848-8800

J. THOMAS CONROY, III  
JAMES C. CONROY, III  
DAVID N. MORRISON

TELECOPIER (813) 848-8140

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 21 PM 3:33

March 24, 1995

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Certificate of Limited Partnership for B.B./4, Ltd.

Dear Sir/Madam:

Enclosed please find the original and one copy of a Certificate of Limited Partnership and Affidavit of Capital Contribution for B.B./4, Ltd. Also enclosed is a check in the amount of \$226.25 to cover the following costs:

Filing Fee	\$ 52.50
Registered Agent Designation	35.00
Capital Contribution	<u>138.75</u>
TOTAL	<u>\$266.25</u>

Please file the Certificate of Limited Partnership and Affidavit of Capital Contribution and return a filed copy to our office in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to call our office.

Very truly yours,

MORRISON & CONROY, P.A.

*Tracy L. Gonsalves*

Tracy L. Gonsalves  
Secretary to David N. Morrison

/tlg  
Enclosures

**CERTIFICATE OF LIMITED PARTNERSHIP**

**B.B./4, LTD.**

FILED  
STATE  
SECRETARY OF CORPORATIONS  
95 MAR 21 PM 3:30

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. **Name of Limited Partnership.** The name of the Limited Partnership is B.B./4, Ltd.

2. **Office for Maintenance of Business Records.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.105 and 620.106 of the Florida Statutes, is 1262 Third Street South, Suite F, Naples, Florida 33940.

3. **Agent for Service of Process.** The name and address of the Partnership's agent for service of process in Florida is David N. Morrison, Esq., 975 Sixth Avenue South, Naples, Florida 33940.

4. **General Partners.** The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Business Address</u>
L22501 Continental Construction of Southwest Florida, Inc.	1262 Third Street South Suite F Naples, Florida 33940

5. **Address of Partnership.** The mailing address of the Limited Partnership is 1262 Third Street South, Suite F, Naples, Florida 33940.

6. **Date of Dissolution.** The latest date on which the Limited Partnership is to dissolve is December 31, 2040.

Dated: March 24<sup>th</sup>, 1995

**GENERAL PARTNER:**

**CONTINENTAL CONSTRUCTION OF  
SOUTHWEST FLORIDA, INC.**

By: 

James T. Murphy

Its: President

Having been named as Registered Agent and to accept service of process for the above stated Limited Partnership at the place designated in this application, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

David N. Morrison  
DAVID N. MORRISON

Date: March 24, 1995

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DIVISION OF CORPORATIONS  
95 MAR 27 PM 3:33

AFFIDAVIT OF CAPITAL CONTRIBUTION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 PM 3:33

THE UNDERSIGNED, who is the General Partner of B.B./4, Ltd declares that the capital contributions of the Limited Partners in the partnership are as follows:

1. The Limited Partner has made capital contributions in the following amounts:

<u>Limited Partner</u>	<u>Amount of Contribution</u>
Maureen Murphy	\$7,500.00

2. It is anticipated that the Limited Partner listed below will make capital contributions in the future in the following amounts:

<u>Limited Partner</u>	<u>Amount of Contribution</u>
N/A	\$ <u>N/A</u>

Dated as of March 24<sup>th</sup>, 1995.

CONTINENTAL CONSTRUCTION OF  
SOUTHWEST FLORIDA, INC.

By: James T. Murphy  
Its: President

STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of March, 1995 by James T. Murphy, as President of Continental Construction of Southwest Florida, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced

(type of identification) as identification and did (did not) take an oath. NOTE: If a type of identification is not inserted in the

blank provided, then the person executing this instrument was personally known to me. If the words in the parenthetical "did not" are not circled, then the person executing this instrument did take an oath.

David N. Morrison  
Signature  
DAVID N. MORRISON  
(Type or print Name of Acknowledger)  
\_\_\_\_\_  
(Title or Rank)  
\_\_\_\_\_  
(Serial Number, if any)



FILED  
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DIVISION OF CORPORATIONS  
95 MAR 27 PM 3:33

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 Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN -5 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000484

B.B./4, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State, Apt. #, etc. 700001687007  
City, State & Zip -01711798--01062--020  
\*\*\*\*191.25 \*\*\*\*191.25

2a. New Principal Office Address, if Applicable

State, Apt. #, etc.

City, State & Zip

3. Date of Report or Registered to Do Business in  
FLORIDA 03/27/1995

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
\$7,500.00

5b. Amount of Capital Contributions in  
FLORIDA to date  
\$7,500.00

6. FIC Number  
65 - 0617570

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

See 25. Arkansas 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 5a or 5b 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 \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5a is greater than amount entered in 5b, 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

MORRISON, DAVID N ESQ.  
975 SIXTH AVENUE SOUTH  
NAPLES FL 33940

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)

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. Registry/  
Document Number

CONTINENTAL CONSTRUCTION OF

1262 THIRD STREET SOU

NAPLES FL 33940

L22501

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 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

Type or Printed Name of General Partner Sign

James T. Murphy

President

Telephone Number

813-434-8437

Continental Construction, Inc.