1201 Hays Street
Tallahassee, FL 32301
800-342-8036

A95000000533

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:43

ACCOUNT NO. : 072100000032

REFERENCE : 571788 6517A

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : April 4, 1995

ORDER TIME : 9:39 AM

ORDER NO. : 571788

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
P. O. Box 2346

Orlando, FL 32802-2346

File 2nd

DOMESTIC FILING

700001451207
-04/07/95--01102--006
****148.75 ****148.75

NAME: NEWPORT PARTNERS XVII, LTD

C. TAX	$.75
FILING	52.50
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	148.75
N. BANK	
BALANCE DUE	
REFUND	

____ ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

4/4/95

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: BK

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:43

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEWPORT PARTNERS XVII, LTD.

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186, Florida Statutes, hereby states the following:

1. The name of the Partnership is "NEWPORT PARTNERS XVII, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.

4. The name and business address of the General Partner are:

Name	Address
Newport Partners XVII, Inc.	300 International Parkway Suite 270 Heathrow, Florida 32746

P95000 20564

5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

6. The latest date upon which the Partnership shall dissolve is January 31, 2041.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 3 day of April, 1995.

GENERAL PARTNER

NEWPORT PARTNERS XVII, INC., a Florida corporation

By: _____
Peter S. Cahall, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 the Florida Statutes.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:43

REGISTERED AGENT

Peter S. Cahall

Date: April 1, 1995

F:\TAX\AHD\NEWPORT.DIR\NEWPOR17.CLP

FILED
SECRETARY OF STATE
CORPORATIONS
95 APR -4 AM 11:43

STATE OF FLORIDA

COUNTY OF SEMINOLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XVII, INC., the sole general partner of NEWPORT PARTNERS XVII, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is $100.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is $ -0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER

NEWPORT PARTNERS XVII, INC.

Date: April 3, 1995

By: _____
Peter S. Cahall, President

Sworn to and subscribed before me this 3rd day of April, 1995, by Peter S. Cahall, President of Newport Partners XVII, Inc., as General Partner on behalf of Newport Partners XVII, Ltd., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

_____
Print Name: Virginia J Weeks
Notary Public - State of Florida
Commission No.: _____
My Commission Expires: _____

VIRGINIA J WEEKS
My Commission CC360010
Expires Mar. 25, 1998
Bonded by HAI
800-422-1555

F:\TAX\AHD\NEWPORT.DIR\NEWPOR17.ACC

A95000000533

OFFICE USE ONLY (Document #)

Newport Partners XVII, Ltd.
(Requestor's Name)

300 International Parkway, Ste 370
(Address)

Heathrow FL 32746
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
96 JAN -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

300001686703
-01/11/96--01044--004
***2326.25 ***1750.00

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
X	Amendment Quadrumvirate approach increasing to $505,000.00
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX _____
FILING 1750.00
REGULAR _____
CERTIFIED _____
MISC. _____
REFUND _____

Examiner's Initials dcc

CR2E031(9/92)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of _____

Aurora Partners XVII, LTD, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620,112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $ 505,000.

This 7 day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

FILED
96 JAN -1 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

_____

_____

_____

FEES:$7 per $1000, based on the additional contributions
Minimun $52.50 - Maximum $1750

INHSE 20 (7-90)

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
96 JAN -2 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
NEWPORT PARTNERS XVII, LTD.

1a. DOCUMENT #
A95000000533

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
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

Principal Office Address
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

If above addresses are incorrect in any way, line 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
04/04/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$100.00	305,000	59-3313672	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
CAHALL, PETER S
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32746

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 620.1051 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. Registration/ Document Number
NEWPORT PARTNERS XVII, INC.	300 INTERNATIONAL PAR	HEATHROW FL 32748	P95000026564

200001686702
-01/11/96--01044--004
***2326.25 ****576.25

96 ar dcc

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)(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 R Cahall DATE 12-14-95

Typed or Printed Name of General Partner Signing Form: Peter S. Cahall Telephone Number: 407 333 2905

CR2E003 (6/95)

0000914