

A9500000614

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
FLORIDA CAPITAL INCOME FUND III, LTD.

1. The name of the Limited Partnership is: FLORIDA CAPITAL INCOME FUND III, LTD.

2. The address of the office and the name and address of the agent for service of process required to be maintained by F.S. 620.105 is:

GREGORY K. MCGRATH  
28050 US 19 NORTH  
SUITE 301  
CLEARWATER, FLORIDA 34621

3. The name and business address of the General Partner is:

BARON CAPITAL VII, INC.  
1150 CLEVELAND STREET  
SUITE 420  
CLEARWATER, FLORIDA 34615

4. The principal address mailing address for the Limited Partnership is:

28050 US 19 NORTH  
SUITE 301  
CLEARWATER, FLORIDA 34621

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2025.

6. There are no other matters to include herein.

DATED this 7<sup>th</sup> day of April, 1995.

Signed, sealed, and delivered in the presence of:

Diane Stevens

BARON CAPITAL VII, INC.  
a Florida corporation

By: Gregory K. McGrath  
Gregory K. McGrath, President  
and Registered Agent

095000028918  
FILED  
ESS 4/13/95  
13 10:00

STATE OF FLORIDA

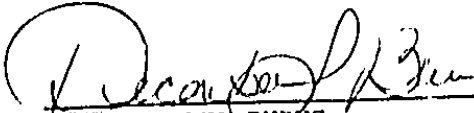
! : ss!

COUNTY OF DADE

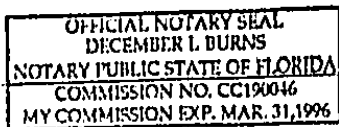
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The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of April, 1995, by GREGORY K. MCGRATH, President of BARON CAPITAL VII, INC., General Partner on behalf of FLORIDA CAPITAL INCOME FUND III, LTD., a partnership. He is personally known to me and did take an oath.

WITNESS my hand and official seal this 7<sup>th</sup> day of April, 1995.

  
\_\_\_\_\_  
DECEMBER LEA BURNS  
NOTARY PUBLIC, State of Florida

My Commission expires:



AFFIDAVIT OF CAPITAL CONTRIBUTION  
OF  
FLORIDA CAPITAL INCOME FUND III, LTD.

STATE OF FLORIDA :  
: SS:  
COUNTY OF DADE :

BEFORE ME personally appeared GREGORY K. MCGRATH, as President of BARON CAPITAL VII, INC., a Florida corporation, the General Partner of FLORIDA CAPITAL INCOME FUND III, LTD., who, after being first duly cautioned and sworn, deposes and says:

1. I have personal knowledge of the matters contained herein.
2. I am the President of BARON CAPITAL VII, INC., a Florida corporation, the sole General Partner of FLORIDA CAPITAL INCOME FUND III, LTD.
3. The amount of capital contributions of the Limited Partners is \$99.00 and no further capital contributions are anticipated to be made by the Limited Partner.

FURTHER AFFIANT SAYETH NAUGHT.

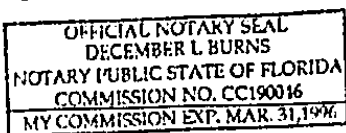
BARON CAPITAL VII, INC.  
General Partner

By: *Gregory K. McGrath*  
GREGORY K. MCGRATH, President

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of April, 1995, by Gregory K. McGrath, who is personally known to me and who did not take an oath.

*December L. Burns*  
DECEMBER LEA BURNS  
NOTARY PUBLIC, State of Florida

My Commission Expires:



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  
Barbara M. Wilson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
11-11-95

95 DEC 22 AM 10:31

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000614

FLORIDA CAPITAL INCOME FUND III, LTD.

DO NOT WRITE IN THIS SPACE

mtu

2. How Mailing Address, if Applicable

State, Apt. # etc.

City, State & Zip

2a. How Principal Office Address, if Applicable

State, Apt. # etc.

City, State & Zip

Mailing Address

20050 US 19 NORTH, SUITE 301  
CLEARWATER FL 34621

Principal Office Address

20050 US 19 NORTH, SUITE 301  
CLEARWATER FL 34621

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

3. Date Limited Partnership Registered to Do Business in  
FLORIDA 04/13/1995

3a. Date of Last Report

4. State or County of Formation  
FL

5a. Capital Contributions as Shown  
on the old  
\$99.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FIC Number  
59-3317150

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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: \$130.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$130.75) AND NO MORE THAN \$578.25 (\$437.50 + \$130.75).  
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

MCGRATH, GREGORY K  
28050 US 19 NORTH, SUITE 301  
CLEARWATER FL 34621

10. If changed, new Registered Agent/Office

Name

City or 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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

BARON CAPITAL VII, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1150 CLEVELAND STREET

11b. City, State & Zip Code

CLEARWATER FL 34615

11c. Registry  
Document Number

P95000028918

300001677403  
-01/03/96--01120--001  
\*\*\*\*191.25 \*\*\*\*191.25

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 qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of loss compliance with the provisions of 119.07(3)(a), Florida Statutes, in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this periodic report is true, accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to make this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Gregory K. McGrath

DATE

9/6/95

Telephone Number

Typed or Printed Name of General Partner Signing Form

0008707

CR2E003 (6/95)