

A9500000619

Scott L. (A) / Co
(Requestor's Name)
1071 Boy 695
(Address)
1071 S / S / / /
(City, State, Zip) (Phone #)
209 221-5695

OFFICE USE ONLY

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

00000011000247
-04/19/95--01025--011
***148.75 ***148.75

1. Callen Family Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CM
\$ 87.50 - FF
57.50 - CC
8.75 - CUS
02 APR 17 PM 3:49
Office of Confidentiality

Examiner's Initials	
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CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Cullen Family Limited Partnership

(Name of Limited Partnership must contain a suffix such as "Limited",
or "Limited Partnership")

2. Route 1, Box 695, Port St. Joe, FL 32456

(The Business Address of Limited Partnership)

3. John F. Cullen, Jr.

(Name of Registered Agent for Service of Process)

4. Route 1, Box 695, Port St. Joe, FL 32456

(Florida street address)

5. _____

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

6. Route 1, Box 695, Port St. Joe, FL 32456

(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be
dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(s)

SPECIFIC ADDRESS

John F. Cullen, Jr.

Route 1, Box 695
Port St. Joe, FL 32456

Signed this 17 day of April, 19 95.

Signature of all general Partners:

John F. Cullen, Jr.
General Partner

General Partner

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95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Cullen 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 17 day of APRIL, 1995.

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 true, to the best of my knowledge and belief.

[Signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

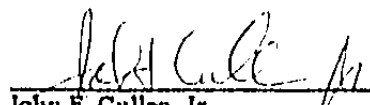
EXHIBIT "A"
SCHEDULE OF PARTNERS

	INITIAL CAPITAL CONTRIBUTION	INITIAL PROFIT PERCENTAGE	INITIAL OWNERSHIP PERCENTAGE
GENERAL PARTNER			
John F. Cullen, Jr.	over \$100	1%	
LIMITED PARTNERS			
John F. Cullen, Jr. Living Trust	over \$100	49%	
Ginger K. Cullen Living Trust	over \$100	50%	
TOTAL		100%	100%

FILED
95 APR 17 PM 4:02
1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, this Limited Partnership Agreement has been executed as of the date first above written.

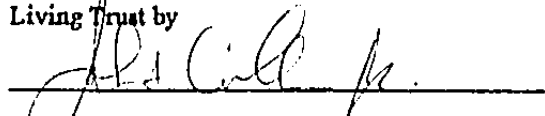
"GENERAL PARTNER"


John F. Cullen, Jr.

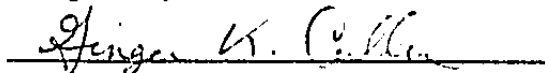
FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

"LIMITED PARTNER"

John F. Cullen, Jr.
Living Trust by



Ginger K. Cullen
Living Trust by



A9500000619

JOHN F. Cullen
(Requestor's Name)
Kt 1 - Box 695
(Address)
Port St Joe FL
(City, State, Zip) (Phone #)
904 227-8695

OFFICE USE ONLY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

700001460247
-04/19/95--01025--011
***148.75 ***148.75

- Cullen Family Limited Partnership
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☒ Certificate of Status

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☐	NonProfit
☒	Limited Liability
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☐	Other

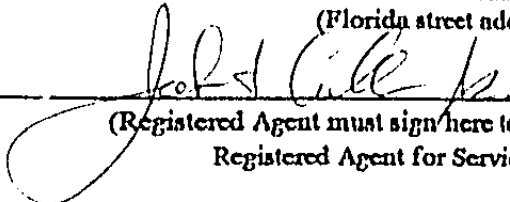
AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
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☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
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☐	Other

Examiner's Initials

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OF

1. Cullen Family Limited Partnership
(Name of Limited Partnership must contain a suffix such as "Limited",
or "Limited Partnership")
2. Route 1, Box 695, Port St. Joe, FL 32456
(The Business Address of Limited Partnership)
3. John F. Cullen, Jr.
(Name of Registered Agent for Service of Process)
4. Route 1, Box 695, Port St. Joe, FL 32456
(Florida street address)
5. 
(Registered Agent must sign here to accept designation as
Registered Agent for Service of Process.)
6. Route 1, Box 695, Port St. Joe, FL 32456
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be
dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(s)	SPECIFIC ADDRESS
John F. Cullen, Jr.	Route 1, Box 695 Port St. Joe, FL 32456

Signed this 17 day of APRIL, 19 95.

Signature of all general Partners:


General Partner

General Partner

FILED
95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Cullen 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 17 day of APRIL, 1995.

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 true, to the best of my knowledge and belief.

✓ AD + GRC /
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

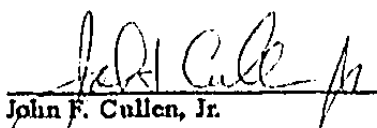
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TOTAL		100%	100%

FILED
 95 APR 17 PM 4:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, this Limited Partnership Agreement has been executed as of the date first above written.

"GENERAL PARTNER"


John F. Cullen, Jr.

95 APR 17 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

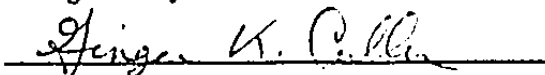
FILED

"LIMITED PARTNER"

John F. Cullen, Jr.
Living Trust by



Ginger K. Cullen
Living Trust by



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN 31 PM 2:57

LIMITED PARTNERSHIP ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE A95000000619
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CULLEN FAMILY LIMITED PARTNERSHIP

Mailing Address: ROUTE 1, BOX 695
PORT ST. JOE FL 32456

2. Filing Address, if Applicable
3a. Date of Last Report
4. State or Country of Formation
5a. Capital Contributions as Shown on Record
5b. Amount of Capital Contributions in FLORIDA to date
6. FCI Number
7. CERTIFICATE OF STATUS REQUIRED

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation	5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FCI Number	7. CERTIFICATE OF STATUS REQUIRED
04/17/1995		FL	\$1,000.00	1,000.00	54-3307692	Not Applicable

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
CULLEN, JOHN F JR. ROUTE 1, BOX 695 PORT ST. JOE FL 32456	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 sections 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): DATE: 12/31/95

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
CULLEN, JOHN F JR.	ROUTE 1, BOX 695	PORT ST. JOE FL 32456	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(b) on 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 if made under oath. I further certify that I am a General Partner of the limited partnership named or trustee or partner in the limited partnership named.

SIGNATURE: DATE: 12/31/95
Typed or Printed Name of General Partner Signing Form: Telephone Number: 904-221-6415

CR2E003 (6/95)