





FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 8, 1995

WILLIAM KEENE  
6822 22ND AVENUE NORTH, SUITE 135  
ST PETERSBURG, FL 33710

SUBJECT: THE TYNGSBORO LIMITED PARTNERSHIP  
Ref. Number: W95000005114

We have received your document for THE TYNGSBORO LIMITED PARTNERSHIP and your check(s) totaling \$1855.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

The registered agent must sign accepting the designation.

We must have a street address for Tamson Capra Garau. We can not accept a P.O. Box. We need an additional \$35.00 for the registered agents designation. We also need for you to submit an original affidavit. All you submitted was a photo copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 795A00010364

CERTIFICATE OF THE TYNGSBORO LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on 3/24/95, with respect to the agreement of The Tyngsboro Limited Partnership. ("the partnership").

1. **Name:** The partnership's name is The Tyngsboro Limited Partnership.

2. **Partnership's Business:** The partnership's business is owning, developing, leasing and managing a golf course type of business, and all other related acts. The partnership may also do all things not otherwise illegal under the laws of the state of Florida.

3. **Registered Agent:** The name and post office address of the partnership's registered agent is:

Robert F. Spindell, DO  
Route 3, Box 1185  
Madison, FL 32340

He resides and has his business address within the State of Florida.

4. **Specified Office:** The post office address at which all records are kept is:

Robert F. Spindell, DO  
Route 3, Box 1185  
Madison, Florida 32340

5. **Mailing Address:**

Route 3, Box 1185  
Madison, Florida 32340

6. **Partners:** The names and post office addresses of the general partners are:

Robert F. Spindell, DO  
Route 3, Box 1185  
Madison, FL 32340

Barbara E. Spindell  
Route 3, Box 1185  
Madison, FL 32340

Samson Capra Garau  
14 Lawndale Road  
Tyngsboro, MA 01879

7. **Dissolution:** The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2020.

IN WITNESS WHEREOF, the undersigned general partners have signed and sealed this certificate, on the day and year first above written.

Barbara Spindell  
Barbara Spindell  
general partner

Robert F. Spindell  
Robert F. Spindell, DO  
general partner

CERTIFICATE OF THE TYNGSBORO LIMITED PARTNERSHIP  
PAGE 2 OF 2

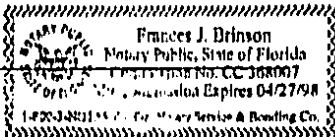
Sworn to and subscribed to me this 24 day of March, 1995.

Frances J. Brinson  
Notary Public, State of Florida

Identification Accepted as to Barbara E. Spindell: <sup>FL ID</sup> # 5153-065-19-502-0

Identification Accepted as to Robert F. Spindell, DO: <sup>FL ID (LIC)</sup> # 5153-766-53-404-0  
Himself

My Commission Expires:



Tamson Capra Garau  
Tamson Capra Garau  
general partner

Sworn and subscribed before me this 4th day of April, 1995,  
1995.

Dorothy A. Dunderdale  
Notary Public, State of Massachusetts

Identification Accepted as to Tamson Capra Garau: Known personally  
My Commission Expires: Oct 25, 1996

Prepared by:  
William Keene  
Attorney at Law  
9721 Executive Center Drive North  
Suite 102  
St. Petersburg, FL 33702  
(813) 577-7802

BPM#: 01461760  
Bar#: 0864676

At \tyngsboro.flp

CERTIFICATE DESIGNATING REGISTERED AGENT AND  
PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN FLORIDA, AND ACCEPTANCE OF  
AGENT UPON WHOM PROCESS MAY BE SERVED


In compliance with Sections 48.091 and 620.105, Florida  
Statutes, the following is submitted:

FIRST: That THE TYNGSBORO LIMITED PARTNERSHIP, desiring to  
organize or qualify as a limited partnership under the laws of the  
State of Florida, with its principal place of business at Route 3,  
Box 1185, Madison, Florida 32340 has named ROBERT F. SPINDELL,  
General Partner, as its agent to accept service of process within  
Florida.

Dated: 3/24/95

  
ROBERT F. SPINDELL  
General Partner

Having been named to accept service of process for the above  
named Limited Partnership, at the place designated in this  
Certificate, I hereby agree to act in this capacity, and I further  
agree to comply with the provisions of all statutes relative to the  
proper performance of my duties.

  
ROBERT F. SPINDELL  
Registered Agent

Dated and signed this 24 day of March, 1995.

  
ROBERT F. SPINDELL

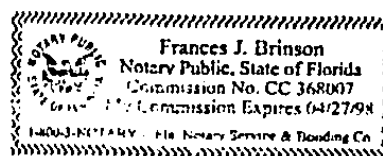
Sworn and subscribed to before me, Robert F. Spindell on this 24,  
day of March, 1995.

  
Notary Public

My Commission Expires:

ID Accepted: FL LIC # S152-766-53-404-D

At tynqabor. flm



AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF MADISON

BEFORE ME, the undersigned authority, personally appeared BARBARA J. SPINDELL and TAMSON CAPRA GARAU, General Partners of the TYNGSBORO LIMITED PARTNERSHIP, who, after being duly sworn, deposes and says:

1. That they are the General Partners of the TYNGSBORO LIMITED PARTNERSHIP and their business address is Route 3, Box 1185, Madison, Florida 32340;

2. The initial amount contributed to the Partnership by the General Partners is Thirty-Six Thousand Dollars (\$36,000.00) according to the following schedule:

<u>General Partner</u>	<u>Amount Contributed</u>
Barbara E. Spindell	\$18,000.00
Robert F. Spindell	\$9,000.00
Tamson Capra Garau	\$9,000.00

3. The names, addresses and amount contributed by the Limited Partners is as follows:

<u>Limited Partner</u>	<u>Address</u>	<u>Amount Contributed</u>
Barbara E. Spindell	Route 3, Box 1185 Madison, FL 32340	\$864,000.00
Robert F. Spindell	Route 3, Box 1185 Madison, FL 32340	\$900.00
Tamson Capra Garau	P.O. Box 459 Tyngsboro, MA 01879	\$900.00

Affidavit--Contributions  
Tyngsboro Limited Partnership  
Page 2 of 2

4. The liability of any Limited Partner for any debts or obligations of or to the Partnership at any time should be limited to the amount then contributed by him to the capital of the Partnership and his share in the undistributed net profits.

FURTHER AFFIANT SAYETH NOT.

Sworn to and subscribed before me  
this 3 day of January, 1995.

Francis J. Brinson  
NOTARY PUBLIC, State of Florida  
My Commission expires: 12-31-2000


*Barbara E. Spindel, Inc*  
BARBARA E. SPINDELL  
General Partner

ID Presented: Herself

PL ID # 5122-465-219-Exp-26  
 Notary Public, State of Florida  
 Commission No. CC 164007  
 My Commission Expires 04/27/98  
 The Notary Service & Bonding Co.

Sworn to and subscribed before me  
this 3 day of January, 1995.

My Commission expires: \_\_\_\_\_

  
ROBERT F. SPINDELL  
General Partner

ID Presented: Himself  
FL. LIC. # 5153-766 SS. 404-0

Sworn to and subscribed before me  
this 27<sup>th</sup> day of January, 1995.

*Elizabeth M. Chate*  
NOTARY PUBLIC, State of Massachusetts  
My Commission expires: *Aug. 31, 1995*

Tamson Capra Garau  
TAMSON CAPRA GARAU  
General Partner

ID Presented: Ma Jensen

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  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 DEC -7 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership  
**THE TYNGSBORO LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**A95000000634**

2. New Mailing Address, if Applicable  
**SPINDELL, ROBERT F DO**

State Apt # etc  
**12/12/95-01114-0011**

City State & Zip  
**1111576-25 1111576-25**

2a. New Principal Office Address, if Applicable

State Apt # etc

City State & Zip

Mailing Address

% ROBERT F. SPINDELL DO  
ROUTE 3 BOX 1185  
MADISON FL 32340

Principal Office Address

% ROBERT F. SPINDELL DO  
ROUTE 3 BOX 1185  
MADISON FL 32340

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

3. Date Formed or Registered in the Business in  
FLORIDA  
**04/19/1995**

3a. Date of Last Report

4. State or County of Formation  
**FL**

5a. Capital Contributions as Shown  
on Record  
**\$865,800.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. Filing Fee  
**APPLIED FOR**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

**\$2.75 Additional Fee required  
for 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 607.103, 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 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and applicable filing fee.  
**\$576.25**

9. Name and Address of Current Registered Agent

SPINDELL, ROBERT F DO  
ROUTE 3, BOX 1185  
MADISON FL 32340

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 620.1061 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 list P.O. Box Number in Box Number area)

11b. City, State & Zip Code

11c. Registration/  
Document Number

SPINDELL, ROBERT F DO  
SPINDELL, BARBARA E  
GARAU, TAMSON CAPRA

ROUTE 3 BOX 1185  
ROUTE 3 BOX 1185  
14 LAWDALE ROAD

MADISON FL 32340  
MADISON FL 32340  
TYNGSBORO MA 01879

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 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

*Robert F. Spindell*

DATE

11/25/95

Typed or Printed Name of General Partner Signing Form

ROBERT F. SPINDELL

Telephone Number

904-929-2304



# A95000000634

HOLMES & POITRAS, P.C.  
Attorneys at Law

234 Littleton Road  
Westford, Massachusetts 01886  
(508) 692-0036

Joseph W. Holmes  
Suzanne M. Poitras

Patrick J. Malone

April 22, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
07 APR 24 PM 2:40  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RE: The Tyngsboro Limited Partnership  
Docket #: A95000000634

Dear Sir/Madam:

Enclosed for filing please find Certificate of Amendment to Certificate of Limited Partnership of The Tyngsboro Limited Partnership. I enclose our check #10080 in the amount of \$52.50 for the required filing fee. Should you have any questions regarding this filing you may contact me at the above address and/or telephone number. In addition, kindly forward the acknowledgment of filing to me at the address shown above.

Thank you for your cooperation.

Very truly yours,

HOLMES & POITRAS, P.C.

*Suzanne M. Poitras*  
Suzanne M. Poitras

7000002153927--8  
-04/24/97--01090--001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

SMP:tap  
Enclosures

cc: Ms. Tamson Capra Garau  
Dr. Robert F. Spindell

spindell.est@statefl.ir

Name	02-4-30
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. P. Verifier	

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

FILED  
97 APR 24 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Tyngsboro Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on April 19, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

**FIRST:** Amendment(s): (indicate article number(s) being amended, added, or deleted)  
Paragraph 6 entitled "Partners" is amended as follows:

6. Partners: The names and post office addresses of the general partners are:

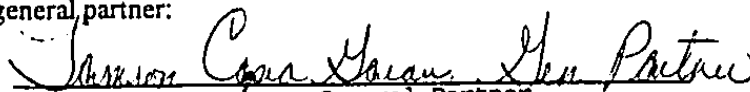
Robert F. Spindell, D.O.  
Route 3, Box 1185  
Madison, FL 32340

Tamson Capra Garau  
14 Lawndale Avenue  
Tyngsboro, MA 01879

**SECOND:** This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD:** Signature(s)

Signature of current general partner:

  
Tamson Capra Garau, General Partner

Signature(s) of new general partner(s), if applicable:

Not Applicable