A95000000666

April 10, 1995

500001454755
-04/12/95--01090--004
***1662.50 ***1662.50

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

Re: Baldeagle Grove, Ltd.

Gentlemen:

Enclosed is a check in the amount of $1,662.50 to cover registration costs calculated as follows:

| | |
|---|---|
| 232,500 ÷ 1,000 x 7.00 = | $1,627.50 |
| Registered Agent Fee | 35.00 |
| Total | $1,662.50 |

FILED
95 APR 27 PM 3:35

If you have any questions, please call (813) 283-4092.
Address all correspondence to:

C/O Blind Hog Groves
P.O. Box 408
Pineland, FL 33945

4/18/95 Sincerely,
Ave

Document Examiner

Ken Smith
Controller

Updater

encl.

KS:jc

A95000000666

TC
$ 232,500.00

W95000008217

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 18, 1995

KEN SMITH
% BLIND HOG GROVES
P.O. BOX 408
PINELAND, FL 33945

SUBJECT: BALDEAGLE GROVE, LTD.
Ref. Number: W95000008217

We have received your document for BALDEAGLE GROVE, LTD. and your check(s) totaling $1662.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 395A00017954

# CERTIFICATE OF LIMITED PARTNERSHIP
# OF

1. Baldeagle Grove, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 6635 Pineland Road, Pineland, FL 33904
(Business address of Limited Partnership)

3. W. Nolan Murrah, Jr.
(Name of Registered Agent for Service of Process)

4. 16213 Captiva Road, Captiva, FL 33924
(Florida street address for Registered Agent)

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

6. P.O. Box 408, Pineland, FL 33904
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 10 yrs. or.

8. Name of general partner(s): Specific address:

| | |
|---|---|
| W. Nolan Murrah, Jr. | 16213 Captiva Road, Captiva, FL 33924 |
| | |
| | |
| | |
| | |

*Signed this* 10 *day of* April, *19* 95.

Signature of all general partners:

[signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

*The undersigned constituting all of the general partners of*

Baldeagle Grove, Ltd. , *a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 232,500 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 232,500 .

FILED

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

| | |
|---|---|
| General Partner | General Partner |
| General Partner | General Partner |
| General Partner | General Partner |

This 10 day of April , 19 95 .

**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 FEB 26 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

**BALDEAGLE GROVE, LTD.**

1a. DOCUMENT # **A95000000666**

DO NOT WRITE IN THIS SPACE

Mailing Address
P.O. BOX 408
PINELAND FL 33904

Principal Office Address
6635 PINELAND ROAD
PINELAND FL 33904

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

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

200001729122
-03701796--01034--033
***1728.75 ****576.25

3. Date Formed or Registered to Do Business in FLORIDA: 04/27/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $232,500.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 59-260 3437

7. CERTIFICATE OF STATUS REQUIRED
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: $130.75 (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 $570.25 ($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

CR 2138

9. Name and Address of Current Registered Agent

MURRAH, W. NOLAN JR
16213 CAPTIVE ROAD
CAPTIVA FL 33924

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 620.192, 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 620.192, 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 |
|---|---|---|---|
| MURRAH, W. NOLAN JR | 16213 CAPTIVA ROAD | CAPTIVA FL 33924 | FF 576.25 |

**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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Nolan Murrah DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)

0011844