



A 95000000666

April 10, 1995

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

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

Re: Bald Eagle 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	<u>\$1,662.50</u>

FILED
1995 APR 27 PM 10:35

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,
Ken Smith	
Document Controller	
Updated	
encl.	
KS:jc	

A 95000000666

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.

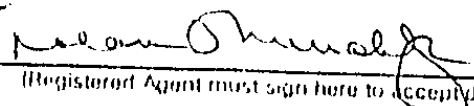
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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. Bald Eagle 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. 
(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.

8. Name of general partner(s):

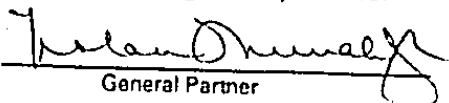
Specific address:

W. Nolan Murrah, Jr.

16213 Captiva Road, Captiva, FL 33924

Signed this 10 day of April, 19 95.

Signature of all general partners:


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

Baldenale 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.

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
Gordon Muthary
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 FEB 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership:

1a. DOCUMENT #
A95000000666

BALDEAGLE GROVE, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Mailing Address

P.O. BOX 408
PINELAND FL 33904

Principal Office Address

6635 PINELAND ROAD
PINELAND FL 33904

State, Apt. #, etc.

200001729122

City, State & Zip

-03701796--01034--038

***1728.75 ***576.25

2a. New Principal Office Address, if Applicable

State, 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

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. FTT Number

59-280 3437

Applied Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$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

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)

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.

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

IF 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)(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

W. Nolan Murrah

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number