A9500007/6

is missing.

Will be filmed

When RECEIVED.

6/19/95 CORPORATE DETAIL RECORD SCREEN 12:03 AM

NUM: A95000000716 ST:FL ACTIVE/FL LP FLD: 05/08/1995
ACT CONT: 5,000.00
NAME : 11981 JUNO LIMITED PARTNERSHIP
PRINCIPAL: 11981 US HIGHWAY ONE
ADDRESS JUNO BEACH, FL 33408
MAILING : % LEVINE & EVANS
ADDRESS 320 MINORCA AVENUE
CORAL GABLES, FL 33134
RA NAME : EVANS, LAURIE P ESQ.
RA ADDR : 320 MINORCA AVENUE
CORAL GABLES, FL 33134 US
ANN REP : * NONE FILED *

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

A95000000716

FILED

95 MAY -8 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
(Requestor's Name)

1406 Hays Street, Suite 2
(Address)

Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

OFFICE USE ONLY

000001481780
-05/08/95--01150--003
****148.75 ****148.75

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

1. 11981 Juno Limited Partnership
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

RECEIVED
95 MAY -8 AM 10:51
DIVISION OF CORPORATION

[X] Walk in [ ] Pick up time _____ [X] Certified Copy

[ ] Mail out [X] Will wait [ ] Photocopy [X] Certificate of Status

CM

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

FILING 52.50
R. AGENT 35.00
D. COPY 52.50 / CUS-8.75
TOTAL $148.75
N. BANK
BALANCE DUE
REFUND

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

FILED

95 MAY -8 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

11981 JUNO LIMITED PARTNERSHIP

1. 11981 Juno Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 11981 US Highway One, Juno Beach, Florida 33408
(The Business Address of Limited Partnership)

3. LAURIE P. EVANS, ESQ.
(Name of Registered Agent for Service of Process)

4. 328 Minorca Avenue, Coral Gables, FL 33134

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

6. c/o Levine & Evans
328 Minorca Avenue, Coral Gables, FL 33134
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2099.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
11981 Juno Corp. P95000031741	c/o Professional Learning Center 22354 SW 57th Avenue Boca Raton, FL 33433

Signed this 4th day of May, 1995.

Signature of general partner:

11981 Juno Corp.
General Partner

By: _____

Name: Lionel G. Astor

Title: President

FILED
95 MAY -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting the sole general partner of 11981 Juno Limited Partnership, a Florida Limited Partnership, certifies as follows:

The amount of capital contributions to date of the limited partners is $5,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time to total $5,000.

This 4-14 day of May, 1995.

FILED
95 MAY -8 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

11981 Juno Corp.
General Partner

By: _____

Name: Lionel G. Astor

Title: President

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 29 PM 2:17

1. Name of Limited Partnership

1a. DOCUMENT # A95000000716

11981 JUNO LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. # etc. 300001683543
-01710/06--01023--023
City, State & Zip ****191.25 ****191.25

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address
% LEVINE & EVANS
328 MINORCA AVENUE
CORAL GABLES FL 33134

Principal Office Address
11901 US HIGHWAY ONE
JUNO BEACH FL 33408

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	3a. Date of Last Report	4. State or Country of Formation
05/08/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$5,000.00		APPLIED FOR	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 $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
EVANS, LAURIE P ESQ. 328 MINORCA AVENUE CORAL GABLES FL 33134	Name: LIONEL G ASTOR, c/o Professional Centers Street Address (P.O. Box Number not acceptable): 22354 SOUTH 57TH AVE. Suite, Apt. # etc. City: BOCA RATON FL, State: FL, Zip Code: 33433

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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE Dec 27, 1995

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 Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
11981 JUNO CORP.	22354 S.W. 57TH AVE.	BOCA RATON FL 33433	P95000031741

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 DATE Dec 27 1995

Typed or Printed Name of General Partner Signing Form: Lionel Astor Telephone Number: 401 487 1230

CR2E003 (6/95)

0005609