A95000009904

00/10/95 10:05 ☎813 224 0240 RUDNICK & WOLFE 001

6/15/95 FLORIDA DIVISION OF CORPORATIONS 3:40 PM
PUBLIC ACCESS SYSTEM
(((H95000006723))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: RUDNICK & WOLFE
101 E KENNEDY
SUITE 2000
TAMPA FL 33602-0000
CONTACT: JUDITH E COVEY
PHONE: (813) 229-2111
FAX: (813) 229-1447

(((H95000006723))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: FOG MAJESTIC LIMITED
FAX AUDIT NUMBER: H95000006723 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/15/1995 TIME REQUESTED: 15:40:17
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $148.75 ACCOUNT NUMBER: 076424002364

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(((H95000006723)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

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TALLAHASSEE, FLORIDA

6/16/95

34029.01.004
4 Pages

H95000006723

CERTIFICATE OF LIMITED PARTNERSHIP OF FOG MAJESTIC LIMITED

A95000000904

THE UNDERSIGNED, intending to form a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act ("Act"), hereby certify as follows:

1. **Name**. The name of the limited partnership is:

FOG MAJESTIC LIMITED

2. **Initial Registered Office and Agent**. The street address of the initial registered office of the limited partnership is c/o Rudnick & Wolfe, 101 E. Kennedy Boulevard, Suite 2000, Tampa, Florida 33602, and the name of its Registered Agent at such address is David A. Beyer.

3. **General Partner**. The name and business address of the general partner is:

Fog Majestic, Inc.
1745 West Fletcher Avenue
Tampa, Florida 33612

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4. **Mailing Address**. The mailing address of the limited partnership is:

1745 West Fletcher Avenue
Tampa, Florida 33612

5. **Dissolution**. The latest date upon which the limited partnership is to dissolve is December 31, 2035.

6. **Execution and Authority**. This Certificate of Limited Partnership is duly executed and is being filed with the Florida Department of State in accordance with Section 620.108 of the Act.

7. **Affirmation**. The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Prepared By: Kirsten Woodruff
Florida Bar #0509647
Rudnick & Wolfe
101 E. Kennedy Blvd., Ste. 2000
Tampa, FL 33602
(813) 229-2111

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9. **Effectiveness.** This Certificate of Limited Partnership is effective upon its filing with the Florida Department of State.

IN WITNESS WHEREOF, as the General Partner of the limited partnership, the undersigned signs this Certificate as of June 12, 1995.

FOG MAJESTIC, INC., a
Florida corporation

By: _____
Mark O. Hackner
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and designated to accept service of process for the above limited partnership at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated: 6.15, 1995.

David A. Beyer

H95000006723

AFFIDAVIT OF CAPITAL CONTRIBUTION OF FOG MAJESTIC LIMITED

STATE OF FLORIDA)
) SS.
COUNTY OF HILLSBOROUGH)

The undersigned, General Partner of FOG MAJESTIC LIMITED, a Florida limited partnership, certifies that (i) the amount of capital contributions to date of the Limited Partners is $99.00; and (ii) the total amount contributed and anticipated to be contributed by the Limited Partners at this time is $99.00.

Dated June 12, 1995.

FOG MAJESTIC, INC.,
a Florida corporation

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1995 JUN 16 AM 8:51
TALLAHASSEE, FLORIDA

By: _____
Mark O. Hackner
President

The foregoing Affidavit was acknowledged before me this 12TH day of June, 1995, by MARK O. HACKNER as President of FOG MAJESTIC, INC., a Florida corporation, on behalf of the corporation as the General Partner of Fog Majestic Limited. He is personally known to me or produced a n/a as identification.

_____
Print Name: _____
Notary Public, State of Florida
Certificate No.: CC256825
My commission expires:
_____

OFFICIAL SEAL
ELYSIA M. ELLICKSON
My Commission Expires
Feb. 15, 1997
Comm. No. CC-256825

K_W1105 05/23/95
H95000006723

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 19 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

FOG MAJESTIC LIMITED

1a. DOCUMENT #
A95000000904

Mailing Address
1745 WEST FLETCHER AVE.
TAMPA FL 33612

Principal Office Address
1745 WEST FLETCHER AVE.
TAMPA FL 33612

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

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2000016722272
-12/28/95--01010--006
****191.25 ****191.25

2a. New Principal Office Address

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
06/16/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$99.00	99.00	59-3321399

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: $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

12-27

9. Name and Address of Current Registered Agent

~~BEYER, DAVID A~~
~~C/O RUDNICK & WOLFE~~
~~101 E KENNEDY BLVD., STE. 2000~~
~~TAMPA FL 33602~~

10. If changed, new Registered Agent/Office

Name: MARK O. HACKNER
Street Address (P.O. Box Number Is Not Acceptable): 1745 W. FLETCHER AVE
Suite, Apt. #, etc.
City: TAMPA FL Zip Code: 33612

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) X [signature] DATE 11/28/95

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
FOG MAJESTIC, INC.	1745 WEST FLETCHER AV	TAMPA FL 33612	P95000046843

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 [illegible] 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 X [signature] DATE 11/28/95

Typed or Printed Name of General Partner Signing Form: MARK O. HACKNER, PRESIDENT
Telephone Number: 813-968-6511

CR2E003 (6/95)

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