

A9500000909

Document Number Only

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95 JUN 16 AM 11:31

DIVISION OF CORPORATION

200001518272
-06/20/95--01117--005
+++140.00 +++140.00

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

TALLAHASSEE, FLORIDA

1995 JUN 16 PM 12:47

FILED

Blue Door Limited

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call If Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability 6/16/95
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

6/16/95

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FILE STAMPED

FF \$105.00
RH \$35.00

CERTIFICATE OF LIMITED PARTNERSHIP
OF

FILED
JUN 16 PM 12:47
TALLAHASSEE, FLORIDA

1. Blue Door Limited A95000000909
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 1685 Collins Avenue, Miami Beach, Florida 33140
(The Business Address of Limited Partnership)

3. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

4. c/o C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Margaret Bertosen
(Officer Must Sign on This Line)

Margaret Bertosen, Assistant Secretary

(Type Name and Title of Officer)

6. 1685 Collins Avenue, Miami Beach, Florida 33140
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

(Cont'd)

SPECIFIC ADDRESS

1685 Collins Avenue, Miami Beach, Florida
33140

Blue Door Restaurant Corp.
General Partner

General Partner

Ian Schrager
Vice President

General Partner

General Partner

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1995 JUN 16 PM 12: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
Blue Door Limited, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 15,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 15,000.00.

This 19th day of May, 19 95.

FURTHER AFFIANT SAYETH NOT.

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

Blue Door Restaurant Corp.

General Partner

By: [Signature]

Ian Schrager
Vice President

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1995 JUN 16 PM 12:47
TALLAHASSEE, FLORIDA

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 Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 22 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000909

BLUE DOOR LIMITED

Mailing Address
1685 COLLINS AVE.
MIAMI BEACH FL 33140

Principal Office Address
1685 COLLINS AVE.
MIAMI BEACH FL 33140

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
06/16/1995

3b. Date of Last Report
N/A

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$15,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
15000

6. FEI Number
65-0585228

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$0.75 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.

OR
12-29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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)

BLUE DOOR RESTAURANT CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1685 COLLINS AVE.

11b. City, State & Zip Code

MIAMI BEACH FL 33140

11c. Registration/
Document Number

P95000022566

AR = 105.00
Sup. \$138.75
CUS \$8.75

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 for 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 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 the Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form X-Brian McNulty Pres. Blue Door Restaurant Telephone Number