

A95000000911

FRED H. STEFFEY

PROFESSIONAL ASSOCIATION

ATTORNEY AND COUNSELLOR

SUITE 300 SOUTHPOINT BUILDING

6620 SOUTHPOINT DRIVE SOUTH

JACKSONVILLE, FLORIDA 32216

BOARD CERTIFIED
TAX LAWYER

A95000000911

LEHMAN (1904) 298-0037
ACB FILE 190-11 200-1435

June 8, 1995

A95000000911

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

400001511444
-06/13/95--01026--002
***1837.50 ***1837.50

RE: GROSHELL ASSOCIATES, LTD.

Gentlemen:

Enclosed is a Certificate of Limited Partnership for the referenced entity, together with my firm's check in the amount of \$1,837.50 to cover (1) the maximum filing fee of \$1,750.00, (2) Registered Agent Designation fee of \$35.00 and (3) Certified Copy fee of \$52.50 (duplicate original enclosed for this purpose).

If you have any questions, please give me a call.

Sincerely,

Fred H. Steffey
Fred H. Steffey

FHS:pab
Enclosures

cc: Mrs. Dorothy S. Groshell (w/o encl)
Mr. Benjamin S. Groshell (w/o encl)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 09 AM 5:28

BK 6/12/95

CERTIFICATE OF LIMITED PARTNERSHIP
OF
GROSHELL ASSOCIATES, LTD.,
a Florida limited partnership

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, certifies as follows:

1. Partnership Name. The name of the partnership is Groshell Associates, Ltd. (the "Partnership").

2. Partnership Office and Mailing Address. The office of the Partnership and its mailing address are: 105 S. Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

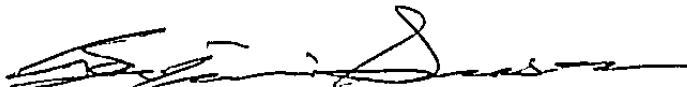
3. Name and Address of Registered Agent. The name and address of the registered agent of the Partnership are: Benjamin S. Groshell, 105 S. Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

4. Name and Address of General Partner. The name and business address of the general partner are: Benjamin S. Groshell, Daniel J. Groshell and Howard J. Groshell, c/o 105 S. Roscoe Boulevard, Ponte Vedra Beach, Florida 32082.

5. Dissolution. The latest date upon which the Partnership may dissolve is December 31, 2050.

6. Affidavit Regarding Capital. The affidavit regarding capital contributions is attached hereto as Appendix I.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Groshell Associates, Ltd., this 8th day of June, 1995.


BENJAMIN S. GROSHELL

GENERAL PARTNER

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DIVISION OF CORPORATIONS
95 JUN 09 PM 5:28

Daniel J. Groshell
DANIEL J. GROSHELL

GENERAL PARTNER

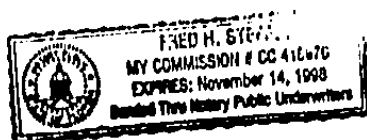
Howard J. Groshell
HOWARD J. GROSHELL

GENERAL PARTNER

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
JUN 09 AM 5:28

STATE OF FLORIDA)
COUNTY OF DUVAL)

The foregoing Certificate of Limited Partnership was sworn to and acknowledged before me this 8th day of June, 1995, by BENJAMIN S. GROSHELL, general partner of GROSHELL ASSOCIATES, LTD., (Known to me X or Not).

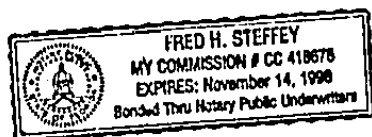


Fred H. Steffey
NOTARY PUBLIC, State of Florida
PRINT NAME FRED H. STEFFEY

My commission expires: 11-16-98

STATE OF FLORIDA)
COUNTY OF DUVAL)

The foregoing Certificate of Limited Partnership was sworn to and acknowledged before me this 8th day of June, 1995, by DANIEL J. GROSHELL, general partner of GROSHELL ASSOCIATES, LTD., (Known to me X or Not).



Fred H. Steffey
NOTARY PUBLIC, State of Florida
PRINT NAME _____

My commission expires:

APPENDIX I

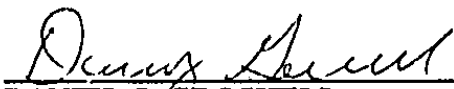
AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared **BENJAMIN S. GROSHELL, DANIEL J. GROSHELL and HOWARD J. GROSHELL**, affiants herein, who being sworn on oath depose and say:

1. We are the general partners of GROSHELL ASSOCIATES, LTD., a Florida limited partnership (the "Partnership").
2. The limited partners of the Partnership have agreed to contribute capital in the amount of \$500,000, which amount represents the total agreed value of the cash and property agreed to be contributed by the Limited Partners.
3. Under penalties of perjury, we declare that we have examined this Affidavit, and to the best of our knowledge and belief it is true, correct and complete.

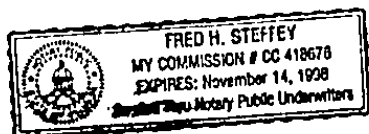
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STATE
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DIVISION OF CORPORATIONS
95 JUN 09 10:52:28


BENJAMIN S. GROSHELL


DANIEL J. GROSHELL


HOWARD J. GROSHELL

SWORN TO AND SUBSCRIBED before me this 8th day of June, 1995, by **BENJAMIN S. GROSHELL** (Known to me ☒ or Merc. No.: _____), **DANIEL J. GROSHELL** (Known to me ☒ or Merc. No.: _____) and **HOWARD J. GROSHELL** (Known to me ☒ or Merc. No.: _____).




NOTARY PUBLIC, State of Florida
PRINT NAME _____
My commission expires: _____

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
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 12 11 14 AM
TALLAHASSEE, FLORIDA

1. Name of limited partnership

1a. DOCUMENT #
A95000000911

GROSHELL ASSOCIATES, LTD.

ENTER IT WITHIN THIS SPACE

2. Filing Mailing Address, if Applicable

Mailing Address

105 S. ROSCOE BOULEVARD
PONTE VEDRA BEACH FL 32082

Principal Office Address

105 S. ROSCOE BOULEVARD
PONTE VEDRA BEACH FL 32082

State, Apt. # etc.

City, State & Zip

2a. Filing Principal Office Address, if Applicable

State, Apt. # etc.

City, State & Zip

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

3. Date Formed or Registered in Florida
06/09/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on Record
\$500,000.00

5b. Amount of Capital Contributions in Florida to date

6. FID Number

59-3327182

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.

9. Name and Address of Current Registered Agent

GROSHELL, BENJAMIN S
105 S. ROSCOE BOULEVARD
PONTE VEDRA BEACH FL 32082

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)

12/11/94

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 Number)

11b. City, State & Zip Code

11c. Registration/
Document Number

GROSHELL, BENJAMIN S
GROSHELL, DANIEL J
GROSHELL, HOWARD J

105 S. ROSCOE BOULEVA
105 S. ROSCOE BOULEVA
105 S. ROSCOE BOULEVA

PONTE VEDRA BEACH FL
PONTE VEDRA BEACH FL
PONTE VEDRA BEACH FL

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-12/15/95--01017--013
****576.25 ****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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 is not 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 section 620.102, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

BENJAMIN S. GROSHELL

DATE

Telephone Number (904) 273-9346

CR2E003 (6/95)