

# A95000001057

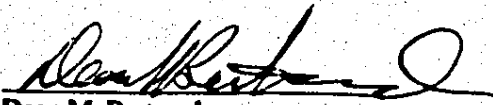
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee  
Florida 32314

Please file the attached Affidavit and Certificate of Limited Partnership of PERDIEM LTD.

Enclosed is a check for \$105.00 for the filing fees. Also included is a return mailer.

Should you have any questions regarding this filing, I may be reached at (813) 656-0853.

Thank You,



Dean M. Bertrand  
President, The National Perdiem Company

DEAN M BERTRAND  
1417-3 DEL PRADO BLVD  
SUITE 473  
CAPE CORAL, FL 33990

000001430930  
-05/17/95--01060--001  
\*\*\*\*105.00 \*\*\*\*105.00

~~4789, 917, 671~~

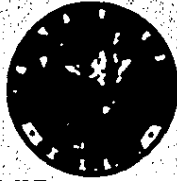
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1995 JUL 14 AM 8 45

FILED



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**May 19, 1995**

**DEAN M. BERTRAND**  
**1417-3 DEL PRADO BLVD.**  
**SUITE 473**  
**CAPE CORAL, FL 33990**

**SUBJECT: PERDIEM LTD.**  
**Ref. Number: W95000010700**

We have received your document for PERDIEM LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6920.

**Ava Watson**  
**Corporate Specialist**

**Letter Number: 695A00025861**

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
PERDIEM LTD.**

1. The name of the Limited Partnership is

**PERDIEM LTD.**

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1995 JUL 14 AM 8:45  
TALLAHASSEE, FLORIDA

2. The business address of the limited partnership is

1417-3 Del Prado Blvd. Suite 473  
Cape Coral, Fl. 33990.

3. The name of the registered agent for service of process is Dean M. Bertrand

4. The address of the registered agent is

1417-3 Del Prado Blvd. Suite 473  
Cape Coral, Fl. 33990

5. The registered agent hereby accepts designation as the Registered Agent for service of process.

  
Registered Agent for the Limited Partnership

6. The mailing address of the Limited Partnership is

1417-3 Del Prado Blvd. Suite 473  
Cape Coral, FL. 33990

7. The latest date upon which the Partnership is to be dissolved is January 1, 2015.

8. The name and address of all the General Partners are

The National Perdiem Company  
Three Christina Centre  
201 N. Walnut St.  
Wilmington, DE 19801

Signed this 11 day of May, 1995.

  
The National Perdiem Company, General Partner  
By: Dean M. Bertrand  
It's: President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

**BEFORE ME, the undersigned constituting all of the General Partners of**

**PERDIEM LTD., a Florida Limited Partnership, certify as follows:**

**The amount of capital contributions to date of the limited partners is \$1,000.**

**The total amount of contributed and anticipated to be contributed by the limited partners at this time totals \$10,000.**

This 11 day of May, 1995.

**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.**



**The National Perdiem Company, General Partner  
By: Dean M. Bertrand  
It's: President**

**FILED**  
1995 JUL 14 AM 8:45  
STATE OF FLORIDA  
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 Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 JAN -3 AM 7:53**

1. Name of Limited Partnership  
**PERDIEM LTD.**

1a. DOCUMENT #  
**A95000001057**

Mailing Address  
**1417-3 DEL PRADO BLVD. SUITE 473 CAPE CORAL FL 33908**

Principal Office Address  
**1417-3 DEL PRADO BLVD. SUITE 473 CAPE CORAL FL 33908**

*73K 1/10/96*

2. New Mailing Address, if Applicable  
Suite, Apt #, etc

City, State & Zip  
**33908-168569**  
**FL 33908-168569**

2a. New Principal Office Address, if Applicable  
Suite, Apt #, etc

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  
**07/14/1995**

3a. Date of Last Report  
**N/A**

4. State or Country of Formation  
**FL**

City, State & Zip

5a. Capital Contributions as Shown on Record  
**\$10,000.00**

5b. Amount of Capital Contributions in FLORIDA to date  
**1,000**

6. FEI Number  
**65-0626218**

7. CERTIFICATE OF STATUS REQUIRED  
Applied For  
Not Applicable

**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 \$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  
**BERTRAND, DEAN M  
1417-3 DEL PRADO BLVD.  
SUITE 473  
CAPE CORAL FL 33908**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt #, etc  
City  
**FL** Zip Code

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) \_\_\_\_\_ 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
<b>THE NATIONAL PERDIEM COMPANY</b>	<b>201 N. WALNUT ST., TH</b>	<b>WILMINGTON DE 19801</b>	<b>F9600003371</b>

**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 *Dean Bertrand* PRESIDENT, THE NATIONAL PERDIEM COMPANY DATE **DEC 27, 1995**  
Typed or Printed Name of General Partner Signing Form **Dean Bertrand - Pres. National Perdiem Co.** Telephone Number **904-634-6874**

CR2E003 (6/95)