

A95000001103

LAW OFFICES
DONLEVY - ROSEN & ROSEN
PROFESSIONAL ASSOCIATION
133 SEVILLA AVENUE
CORAL GABLES, FLORIDA 33134

HOWARD D. ROSEN
PATRICIA DONLEVY - ROSEN
(ALSO ADMITTED IN NEW YORK)

CABLE "WORLD TAX"
TELEPHONE (305) 447-0061
TELECOPIER (305) 444-3653

July 18, 1995

Florida Department Of State
DIVISION OF CORPORATIONS (LIMITED PARTNERSHIP FILING SECTION)
409 East Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

RE: CARLIP LIMITED PARTNERSHIP; PHILCAR LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed are the following:

700001541487
-07/19/95--01061--001
****735.00 ****735.00

1. The Certificate of Limited Partnership and Affidavit required by Fla. Stat. § 620.108 for each of the above; and
2. Checks as follows to cover the filing fees for the above based upon the capital contributions of the limited partners:

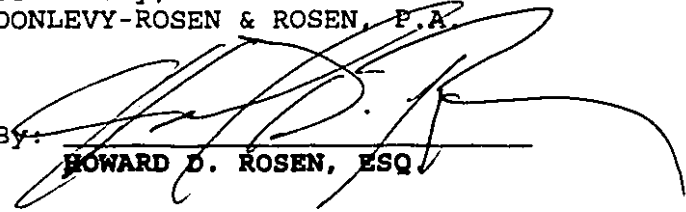
CARLIP LIMITED PARTNERSHIP: \$ 735.00; and

PHILCAR LIMITED PARTNERSHIP: \$ 875.00.

Please forward your receipt and other papers to the undersigned at the above address.

Thank you.

Sincerely,
DONLEVY-ROSEN & ROSEN, P.A.

By: 
HOWARD D. ROSEN, ESQ.

7/20/95a

HDR/ns
Enclosures
CC: Mr. and Mrs. Philip S. Anderson

FILED
895 JUL 19 AM 9 01
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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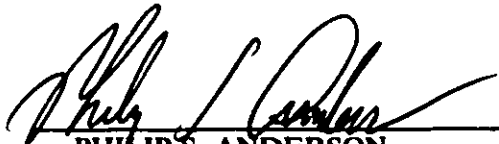
**STATE OF FLORIDA
CERTIFICATE OF LIMITED PARTNERSHIP**


**THIS CERTIFICATE IS PRESENTED FOR FILING PURSUANT TO CHAPTER 620
OF FLORIDA STATUTES:**

1. The name of the limited partnership is: **CARLIP LIMITED PARTNERSHIP.**
2. The street address of the office and the mailing address of the partnership in Florida is: **515 South California Avenue, Stuart, FL 34994.**
3. The name and street address of the Agent for Service of Process is: **PHILIP S. ANDERSON, at 515 South California Avenue, Stuart, FL 34994.**
4. The name and address of each general partner is:
 - a. NAME: **PHILIP S. ANDERSON**
ADDRESS: **515 South California Avenue
Stuart, FL 34994.**
 - b. NAME: **CAROL M. ANDERSON**
ADDRESS: **515 South California Avenue
Stuart, FL 34994.**
5. The latest date upon which the limited partnership is to be dissolved and its affairs wound up is: **SEVENTY (70) YEARS FROM THE DATE OF FILING THE CERTIFICATE OF LIMITED PARTNERSHIP WITH THE SECRETARY OF STATE.**
6. There are no other matters the General Partner(s) desire to include in this Certificate.
7. It is hereby declared that I am (we are) the person(s) who executed this Certificate of Limited Partnership, which execution is my (our) act and deed:

**FILED
1995 JUL 19 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

In witness whereof, the General Partners have executed this Certificate on the 17th
day of July, 1995.



PHILIP S. ANDERSON


CAROL M. ANDERSON

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **CARLIP LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:



PHILIP S. ANDERSON

FILED
1995 JUL 19 AM 9 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF ^{DECATUR} MARTIN)

FILED
JUL 19 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned notary public, personally appeared PHILIP S. ANDERSON and CAROL M. ANDERSON, constituting all (one) of the general partners of CARLIP LIMITED PARTNERSHIP, a Florida Limited Partnership, hereinafter referred to as the "Partnership", who, upon being duly sworn, declare as follows:

1. The capital contribution to the Partnership by each limited partner is as follows:

<u>LIMITED PARTNER NAME</u>	<u>AMOUNT OF CONTRIBUTION</u>
PHILIP S. ANDERSON	\$100,000.00

2. The amount of additional capital contributions anticipated to be contributed by each limited partner is as follows:

<u>LIMITED PARTNER NAME</u>	<u>AMOUNT OF CONTRIBUTION</u>
PHILIP S. ANDERSON	NONE

FURTHER AFFIANT(S) SAYETH NOT.

Under 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 (our) knowledge and belief.

GENERAL PARTNER(S)


PHILIP S. ANDERSON


CAROL M. ANDERSON

Date: July 17, 1995.

STATE OF FLORIDA)

COUNTY OF BROWARD
~~MARTIN~~)

The foregoing instrument was acknowledged before me this 17th day of July, 1995, by PHILIP S. ANDERSON and CAROL M. ANDERSON, general partners, on behalf of CARLIP LIMITED PARTNERSHIP, a Florida Limited Partnership. They are personally known to me or have produced _____ as identification.

Fannie E. R. Smith

Notary Public

FANNIE E. R. SMITH
"NOTARY PUBLIC—STATE OF FLORIDA"
MY COMMISSION EXPIRES 12/29/95
COMMISSION NUMBER CC171110

Print Name: FANNIE E. R. SMITH

Serial Number: _____

My commission expires:

FILED
JUL 19 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1996 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

95 DEC 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001103

CARLP LIMITED PARTNERSHIP

96-AR

CM

Mailing Address

915 SOUTH CALIFORNIA AVE.
STUART FL 34904

Principal Office Address

915 SOUTH CALIFORNIA AVE.
STUART FL 34904

2. New Mailing Address, if Applicable

City, State & Zip

City, State & Zip **200001674672**

2a. New Principal Office, if Applicable
01/02/96 01022 007
******576.25 ****576.25**

Suite, Apt. #, etc

City, State & Zip

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 **07/19/1995**

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record:
\$100,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:
\$100,000.-

6. FEI Number
59-3322911

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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

ANDERSON, PHILIP S
515 SOUTH CALIFORNIA AVE.
STUART FL 34904

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City

Zip Code

FL

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

ANDERSON, PHILIP S

ANDERSON, CAROL M

515 SOUTH CALIFORNIA

515 SOUTH CALIFORNIA

STUART FL 34904

STUART FL 34904

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

Philip S Anderson

DATE

Dec. 14, 1995

Typed or Printed Name of General Partner Signing Form

Philip S Anderson

Telephone Number

407-283-9444

A9500000/103

FILED

96 OCT 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY (Document #)

LAW OFFICES
ANDERSON & ANDERSON, P.A.
315 SOUTH CALIFORNIA AVENUE
STUART, FLORIDA 34994
(407) 283-9444
(City, State, Zip) (Phone #)

900001389283--3
-10/29/96--01132--011
*****52.50 *****52.50

OFFICE USE ONLY

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

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A95-1103

Name	_____
Availability	_____
Document	_____
Examiner	_____
Updater	_____
Updater	_____
Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____

Examiner's Initials

SAMPLE DOCUMENTS AND (contin

620.112 Supplemental affidavit of capital contributions.
A supplemental affidavit declaring the amount of the capital contributions of the limited partners must be filed with the Department of State within 30 days of any time when the actual contributions of the limited partners exceed the anticipated amount of capital contributions filed pursuant to s. 620.106.

SAMPLE:
SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Coralip Limited
Partnership, a Florida
Limited Partnership, executed this supplemental affidavit filed pursuant to section
620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$ 50,000.00.

This 18th day of October, 19 96.

FURTHER AFFIANT SAYETH NOT.

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

General Partners
Carol M. Anderson

Fees: \$7 per \$1000, based on the additional contributions
Minimum \$52.50 - Maximum \$1750.00

FILED
96 OCT 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA