

A95000001110

LAW OFFICE
CARPENTER & GODDARD, P.A.

5608 NW 43rd STREET
GAINESVILLE, FLORIDA 32653-8334

TELEPHONE
(904) 373-7788
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(904) 373-1114

FILED
JUL 17 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RONALD A. CARPENTER

LUCY GODDARD

July 13, 1995

Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

800001539748
-07/18/95--01053--005
***1785.00 ***1785.00

800001539748
-07/18/95--01053--006
*****8.75 *****8.75

RE: STRATTAN ASSOCIATES, LTD.

Dear Sir:

Enclosed with this letter please find the Certificate of Limited Partnership and the Affidavit of Capital Contributions for the above referenced partnership. Please apply the enclosed checks in the amounts of \$1785.00 and \$8.75 (total \$1793.75) to the following costs:

a)	Initial filing fee	\$1750.00
b)	Certificate designating registered agent	35.00
c)	Certificate of Status	8.75
	Total:	\$1793.75

Please return the requested certificates to my office at your earliest convenience. Your cooperation in this matter is greatly appreciated.

Sincerely yours,

Shari Usery

Shari Usery,
Secretary to Lucy Goddard

:su
Enclosures

Name	KWM
Ex	KWM
Update	KWM
Update	KWM
Adm	KWM
W. P. V. Fee	KWM

7-17

**CERTIFICATE OF LIMITED PARTNERSHIP
of
STRATTAN ASSOCIATES, LTD.,
a Florida limited partnership**

FILED

55 JUL 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) hereby states:

1. The name of the Partnership is STRATTAN ASSOCIATES, LTD.
2. The address of the office of the Partnership is:

4123 N.W. 46th Ave.
Gainesville, Florida 32606

3. The name and address of the agent for service of process on the Partnership is:

C.E. Rick Strattan
4123 N.W. 46th Ave.
Gainesville, Florida 32606

4. The name and address of the general partners are:

C.E. Rick Strattan
4123 N.W. 46th Ave.
Gainesville, Florida 32606

Nancy Ann Bacon Strattan
4123 N.W. 46th Ave.
Gainesville, Florida 32606

5. The mailing address of the Partnership is:

4123 N.W. 46th Ave.
Gainesville, Florida 32606

6. The latest date upon which the Partnership shall dissolve is:
December 31, 2045

7. The execution of this certificate by the undersigned General Partners constitute an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership
has been executed on behalf of the General Partners of STRATTAN
ASSOCIATES, LTD. this 16th day of June, 1995.

GENERAL PARTNERS:

C.E. Rick Strattan
C.E. RICK STRATTAN

Nancy Ann Bacon Strattan
NANCY ANN BACON STRATTAN

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for STRATTAN ASSOCIATES, LTD., a Florida limited partnership, (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

C.E. Rick Strattan
C.E. RICK STRATTAN

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**STATE OF FLORIDA
COUNTY OF ALACHUA**

BEFORE ME, the undersigned authority, personally appeared C.E. RICK STRATTAN, a general partner of STRATTAN ASSOCIATES, LTD., (the "Partnership"), who is personally known to me and after being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership by the limited partners is One million two hundred thousand and No/100 (\$1,200,000.00) Dollars.

2. The anticipated amount of additional capital contributions of the limited partners is Zero and No/100 (\$ -0-) Dollars.

Under 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.

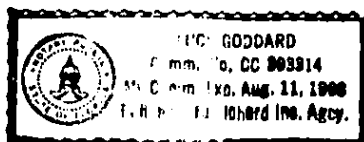
Date: 6/16/95

C.E. Rick Strattan
C.E. RICK STRATTAN, General Partner

BEFORE ME, the undersigned authority, personally appeared C.E. RICK STRATTAN, who is personally known to me and who did take an oath and stated that all the facts and statements set forth in the above Affidavit of Capital Contributions are true and correct to the best of his knowledge and belief.

IN WITNESS WHEREOF, I have set my hand and affixed my seal this 16th day of June, 1995.

Lucy Goddard
Notary Public, State of Florida



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$800 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morton
Secretary of State
DIVISION OF CORPORATIONS

9-27
FILED
95 SEP 26 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001110

STRATTAN ASSOCIATES, LTD.

AL-AR
CM

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Mailing Address

4123 N.W. 40TH AVE.
GAINESVILLE FL 32608

Principal Office Address

4123 N.W. 40TH AVE.
GAINESVILLE FL 32608

Suite, Apt. #, etc. **300001537603**

City, State & Zip **03/23/95--01010--019**

City, State & Zip *****576.25 ***576.25**

2a. New Principal Office Address, if Applicable

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 **07/17/1985**

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$1,200,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:
\$1,200,000.00

6. FEI Number
**COPY OF
APPLIED FOR; APPLICATION
ATTACHED**

Applied For

7. CERTIFICATE OF STATUS REQUIRED

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 607.193, 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

STRATTAN, C. E. RICK
4123 N.W. 40TH AVE.
GAINESVILLE FL 32608

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

STRATTAN, C. E. RICK

BACON STRATTAN, NANCY ANN

4123 N.W. 40TH AVE.

4123 N.W. 40TH AVE.

GAINESVILLE FL 32608

GAINESVILLE FL 32608

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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

C. E. Strattan

DATE

9/20/95

Typed or Printed Name of General Partner Signing Form

CHARLES E. STRATTAN

Telephone Number

904-377-4430

CR2E003 (6-95)