A9500001143



GARRETT GROUP

United States
384 S. Military Trall
Deerfield Beach, Florida 33442
(305) 480-8543 / fax: (305) 698-0057

FILED

United Kingdom 10-16 Cole Street UL 26 PH 3: 20 London SE 1-4YH (071) 357-0367 JUL 4671 357-0347

July 25, 1995

Secretary of State Business Filing Division 409 E. Gaines St. Tallahassee, Fl 32399 200001546912 -07/26/95--01080--004 ****175.00 *****87.50

Dear Sir/Madam:

Enclosed is a check for \$175.00 to cover the filing and registered agent fees for filing the the two following limited partnerships:

R.M. MYERS Family Limited Partnership MYERS-DALLAS Family Limited Partnerships

Please return completed forms to the address above.

Sincerely,

Beverly Sanders

Manager

9500000 (I^I Name Availability lwy~ Document KWM Examiner KWM Updater Updater **KWM** Verifyer Acknowledgement KWM W. P. Verifyer KV/M

CERTIFICATE OF LIMITED PARTNERSHIP 95 JUL 26 PM 3: 20

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. (N	R.M. Myers Family Limited Partnership ame of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2.	360 S. Military Trail. Deerfield Beach. Fl 33442 (The Business Address of Limited Partnership)
3.	Marvin Myers (Name of Registered Agent for Service of Process)
4.	360 S. Military Trail, Deerfield Beach, Fl 33442 (Florida street address)
5.	(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6.	360 S. Military Trail. Deerfield Beach. Fl 33442 (The Mailing Address of the Limited Partnership.)
7.	The latest date upon which the Limited Partnership is to be dissolved is <u>December 31, 2060</u> .
8.	NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS
	Rose M. Myers 360 S. Military Trail, Deerfield Beach, Fl 33442
	Marvin Myers 360 S. Military Trail. Deerfield Beach, Fl 33442

July 1995
ers: U
General Partner
General Partner
General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of R.M. Myers Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1.000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1.000.00.

FURTHER AFFIANT SAYETH NOT.	
Under the penalties of perjury the foregoing and that the fact my knowledge and belief.	I(we) declare that I(we) have read s alleged are true, to the best of
Mason Myse General Partner	General Partner
General Partner	General Partner
Conoral Partner	General Partner

FILE ON OR BEFORE DECEMBER 31, 1906 OR PARTHERSHIP WILL BE SUPJECT TO REVOCATION AND 8500 PENALTY FRE

LIMITED PARTNERSHIP
ANNUAL REPORT



PLUMEDA DE PARTMENT OF STATE

SUNDRE MORREM

SINCHEMY EF STARE

DIVISION OF COMPORATIONS

SECRETARY OF STATE

1996	DAVIS	Shorway of S SICH OF CORP	I		95 N	C 29 AN 8	02	
harre of Limited Parkwareng	1a. DC	CUMEN	NT #	**) (TATO HILD	- - :	
	AYOUU	00011	70	1			٠. ١	
R. M. MYERS FAMILY LIMITED PARTNERSHIP					DO NOT WRITE IN THIS SPACE WITH			
Making Address Principal CHICU Address SID S. BILLTARY TRAIL DESTREED BON. FL 33452 If anove addresses are incorrect in any way, line through the incorrect information and while correct workers in Bill				2. tam M	sang Address, If Apple	cable	· · · · · · · · · · · · · · · · · · ·	
				Surie, Apt #	, etc			
				City. State 8	Zφ			
					Principal Office Address	ss, ff Applicable		
			s in Block 2 and/or 2a	Suite, Apt. 4	elc			
anove addresses are incorrect in any way, line transport Dain Formed or Registered to Do Business in FLORID 17/25/1965	Date of Last Report	State or Cou	mily of Formation	City, State &				
Capital Contributions as Shown Sh. Amou	unt of Capital Contractions in RIDA to date	€, FEI Num			Applied For 7.	CERTIFICATE OF STA	TUS REQUIRED	
" on Rocard FLOP	0000	1	611687		Not Applicable		,	
Supplemental Fee: \$138.76 (pursuint for the AMOUNT DUE SHALL BE NO LESS THAN \$191.25 tote: If the amount entered in 5b is greater than a WAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE Name and Address of Curry	<u>E</u>	mental affidavit mus		10.	changed, new Registe	ored Agent/Office		
WER WAN			Nano		Alot American has been			
300 S. MELITARY TRAIL			Stroet Address (P O	Boy Number I	FUNDERFORM FOR			
DEENFELD SCH. FL 33442			Suite, Apt. #, etc.					
			İ					
			Crty			FL 1		
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligis	slions of section 620,192, Florid	de Statutos	l knilled partnership org oa. Such change was a		Da	of the State of Florida, subereby accept the appo	emetete aith attindu totaines to Inemtin	
to the purpose of changing its registered once agent. I am familiar with, and accept the obligat	slions of section 620,192, Florid	de Statutos	l knilled partnership org oa. Such change was a		Da	of the State of Florida, subereby accept the appo	abmits this statems entment of regular	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	Strons of section 620.192, Florid	RATION, L	I knilled partnership orgos. Such change was a	TNERS	Da	of the State of Florida, suboreby accept the appoint	abmits this statement of register SS ENTIL Registration/ ocument Number	
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA 11, Name(s) of General Partner(s)	Strons of section 620.192, Florid	RATION, L	Ilmited partnership orgon. Such change was a	TNERS	SHIP OR OTI	of the State of Florida, subereby accept the appoint	SS ENTIL Registratory ocument Number	
ICT the purpose of changing its registered direct agent. I am farmliar with, and accept the obligation of the obligation	AT IS A CORPOR	RATION, L PRES OF EACH Genera Use Post Office Bo	I kinited partnership orgos. Such change was a	TNERS City.	DA SHIP OR OTI State & Zip Code	of the State of Florida, subereby accept the appoint	abmits this statement of register SS ENTIL Registration/ ocument Number	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

•		E. General partite: S MAT 110.	and an electric in Section 119 07(3)(k), Florida Statutes, 1 release the Division of
1	2.	I do brettly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the I do brettly certify that the information supplied with Socion 119 07(3)(k) in the event that the information supplied to propose to the same logal effects as if made under this annual report is true and accurate and that my signature shall have the same logal effects as if made under this annual report is true and accurate and that my signature shall have the same logal effects as if made under this annual report is true and accurate and that my signature shall be provided to the same logal effects as if made under the same logal effects as if made under the same logal effects as if made under the same logal effects are the same logal effects as if made under the same logal effects are the same logal effects as if made under the same logal effects are the same logal effects as if made under the same logal effects are the same logal effects as if made under the same logal effects are the same logal effects as if made under the same logal effects are the same logal effects.	to exemption status in Security from public access. I further certify that the information indicated on policid is deemed oxempt from public access. I further certify that the information indicated on roath. I further certify that I am a General Partner of the limited partnurship, receiver or frustee
		this annual report is true and accurate and that my signature of the statutes empowered to execute this report as required by chapter 620, Florida Statutes	1 100
S	iG	GNATURE MONSOIN L. Mufre	DATE

Typed or Printed Name	of General Partner	Signing Form	_

****191.25 ****191.25