

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-0393 FAX

800-342-8086

**A95000001184**

REC'D  
9 AUG 23 PM

DIVISION OF CORPORATION



PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 654785 86901V

AUTHORIZATION :

200001556912  
-08/10/95--01008--020  
\*\*\*\*\*17.50 \*\*\*\*\*17.50

COST LIMIT : 0 PREPAID

ORDER DATE : August 7, 1995

ORDER TIME : 10:03 AM

ORDER NO. : 654785

CUSTOMER NO: 86901V

700001554177  
-08/07/95--01045--045  
\*\*\*\*122.50 \*\*\*\*122.50

CUSTOMER: Ms. Ann Mader  
PRENTICE HALL LEGAL &  
FINANCIAL SERVICES, INC.  
5670 Wilshire Blvd.  
Suite 750  
Los Angeles, CA 90036

TAX FILING \_\_\_\_\_  
AGENT FEE \_\_\_\_\_  
COPY \_\_\_\_\_  
TOTAL \_\_\_\_\_  
BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REMARKS \_\_\_\_\_

DOMESTIC FILING

NAME: HJE INVESTMENT LIMITED  
PARTNERSHIP

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angela Lane

EXAMINER'S INITIALS:

8/7/95  
B/K

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 AUG -7 PM 3:07



Signed this 31<sup>st</sup> day of JULY, 1995  
Signature of all general partners:

[Signature] General Partner      [Signature] General Partner

MJE Family Corporation  
by: Murry Evans

\_\_\_\_\_  
General Partner      \_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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DIVISION OF CORPORATIONS  
95 AUG -7 PM 3:07

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of MJE Investment 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

This 31<sup>st</sup> day of July, 19 95

FURTHER AFFIANT SAYETH NOT.

Under the 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 knowledge and belief.

  
\_\_\_\_\_  
General Partner  
MJE Family Corporation  
by: Murry Evans

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 11 1995  
5:07 PM

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE**

**LIMITED PARTNERSHIP ANNUAL REPORT 1996**



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

**FILED**

96 FEB 28 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**MJE INVESTMENT LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**A9500001184**

2. New Mailing Address, If Applicable  
**P.O. Box 190069**

Suite, Apt. #, etc.

City, State & Zip  
**MOBILE, AL 36619**

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Mailing Address  
**4800 MANATEE AVENUE WEST, SUITE 201  
BRADENTON FL 34209**

Principal Office Address  
**4800 MANATEE AVENUE, WEST, SUITE 201  
BRADENTON FL 34209**

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  
**08/07/1985**

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

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

City, State & Zip

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

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

6. FEI Number  
**65-0603413**

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 607.183, 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  
**EVANS, MURRY  
4800 MANATEE AVENUE, WEST, SUITE 201  
BRADENTON FL 34209**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Applicable)  
**100001729111  
-03/01/96--01034--025**  
Suite, Apt. #, etc  
**\*\*\*\*191.25 \*\*\*\*191.25**  
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>MJE FAMILY CORPORATION</b>	<b>4800 MANATEE AVENUE,</b>	<b>BRADENTON FL 34209</b>	<b>FD400000718</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 a 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 \_\_\_\_\_ DATE **12/21/95**  
Typed or Printed Name of General Partner Signing Form **MURRAY J. EVANS** Telephone Number **(334) 661-6191**

CR2E003 (6/95)