

MO:

Thomas R. Peppler Nichelas J. Rubino\*

\*Florida Board Certified
Wills, Trusts and Estates Attorney

Of Counsel John M. Campbell 535 Versailles Drive Suite 150 Maitland, Florida 32751 Telephone (407) 647-PLAN Facsimile (407) 647-7889

# A95000001193

Florida Department of State Corporate Records Division P. O. Box 6327 Tallahassee, Florida 32314 ATTN: Brenda

Re: ZABRISKIE FAMILY PARTNERSHIP

5289878300

800001553448 -08/04/95--01052--002 \*\*\*1785.00 \*\*\*1785.00

Dear Brenda:

Per our telephone conversation this morning, please find the following documents enclosed for filing, effective August 3rd, in the above-mentioned limited partnership:

- 1. Certificate of Limited Partnership; and
- 2. Affidavit of Capital Contributions; and
- 3. Resident Agent Agreement; and
- 4. Acceptance of Appointment of Resident Agent.

In addition, enclosed is a check in the amount of \$ 1,785.00 for the required filing fee.

Please file the enclosed documents accordingly and return certified copies to this office in the provided self-addressed stamped envelope.

If you have any questions or comments regarding the enclosed documents, please do not hesitate to contact this office. Thank you for your assistance in this matter.

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Sincerely,
RUBINO, PEPPLER & ASSOCIATES, P

Michelle R. Haynes

Michelle R. Haynes

Michelle R. Haynes Legal Assistant SECRETARY OF STATE DIVISION OF CORPORATIONS

Rubino, Peppler & Associates
PROFESSIONAL ASSOCIATION

Thomas R. Peppler Nicholas J. Rubino\*

\*Florida Board Certified Wills, Trusts and Estates Attorney

> Of Counsel John M. ( mpbell

535 Versailles Drive Suite 150 Maitland, Florida 32751 Telephone (407) 647-PLAN Facsimile (407) 647-7889

August 1, 1995

Florida Department of State Corporate Records Division P. O. Box 6327 Tallahassee, Florida 32314

VIA PEDERAL EXPRESS NO: 5289878300

Re: ZABRISKIE FAMILY PARTNERSHIP

Dear Sir/Madam:

Please find the following documents enclosed for filing in the above-mentioned limited partnership:

1. Certificate of Limited Partnership; and

Affidavit of Capital Contributions; and

3. Resident Agent Agreement; and

4. Acceptance of Appointment of Resident Agent.

In addition, enclosed is a check in the amount of \$ 1,785.00 For the required filing fee.

Please file the enclosed documents accordingly and return certified copies to this office in the provided self-addressed stamped envelope.

If you have any questions or comments regarding the enclosed documents, please do not hesitate to contact this office. Thank you for your assistance in this matter.

Sincerely, RUBINO, PEPPLER & ASSOCIATES, P.A.

Michelle R. Haynes Legal Assistant

Encls.

#### CERTIFICATE OF LIMITED PARTMERSHIP

#### OF THE

### SABRISKIE FAMILY LIMITED PARTNERSHIP A Florida Limited Partnership

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

- 1. Name. The name of the Limited Partnership is the ZABRISKIE FAMILY LIMITED PARTNERSHIP.
- 2. <u>Business</u>. The general character of the Partnership business shall be to effectuate estate planning objectives and consolidate business activities.
- 3. <u>Principal Place of Business and Mailing Address</u>. The location and mailing address of the principal place of business of the Partnership is 374 Brantley Club Place, Longwood, Florida 32779.
- 4. Registered Agent. The registered agent for service for this Limited Partnership is Nicholas J. Rubino, Esquire, RUBINO, PEPPLER & ASSOCIATES, P.A., whose address is 535 Versailles Drive, Suite 150, Maitland, Orange County, Florida 32751.
- 5. <u>Limited Partners</u>. The General Partners and Limited Partners of this <u>Limited Partnership</u> are as follows:

| GENERAL PARTNERS    | PLACE OF RESIDENCE                                 | lu6 -3 | SER TA      |
|---------------------|--|--------|-------------|
| Steven K. Zabriskie | 374 Brantley Club Place<br>Longwood, Florida 32779 |        | RY OF CORPO |
| Lynne B. Zabriskie  | 374 Brantley Club Place<br>Longwood, Florida 32779 | 3: 55  | STATE       |

LIMITED PARTMERS

PLACE OF RESIDENCE

Amy M. Zabriskie

374 Brantley Club Place Longwood, Florida 32779

Stephanie L. Zabriskie

374 Brantley Club Place Longwood, Florida 32779

- 6. Term. The Partnership shall begin on the 3rd day of August, 1995, and shall continue until December 31, 2025, unless sooner dissolved by law or by agreement of the parties hereto or unless extended by a majority agreement of the Partners.
- 7. Additional Contributions. No additional contributions of the Limited Partners have been agreed upon.
- 8. Return of Contributions. No Limited Partner shall be entitled to withdraw or demand the return of any part of his capital contribution except upon dissolution of the Partnership.
- 9. <u>Profits</u>. All annual net profits of the Partnership shall be divided among the General and Limited Partners in the same proportions as the Partners' then capital interest accounts, unless retained for the Partnership investment and business activities.
- 10. Assignments. A Limited Partner shall have the right to sell his interest in the Partnership, but only after such Limited partner gives to the Partnership a 120-day opportunity to purchase such interest, as explained in detail by the Partnership Agreement.
- 11. Additional Limit | Partners. The General Partner may admit additional Limited Lactners.
- 12. <u>Priority Among Limited Partners</u>. There is no priority of one Limited Partner over another as to the contributions or compensation by way of income.

SECRETARY OF STATE
DIVISION OF CORPORATION

- 13. Continuance of Business. Upon the death, retirement or insanity of the surviving General Partner, the Partnership shall dissolve unless continued by the remaining Partners and selecting when necessary a new General Partner. If the last surviving or serving General Partner has died, retired and or becomes insane, then the Limited Partners holding interest in capital owned by selecting a new General Partner.
- 14. Property Other Than Cash. A Limited Partner may not demand property other than cash in return for his capital contributions.

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

IN WITHESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partners on behalf of the Limited Partnership this 1st day of the 1995.

General Partner

#### MOTARIAL STATEMENT OF PROOF

#### STATE OF FLORIDA COUNTY OF ORANGE

I HERESY CERTIFY that on this day, before me, an officer duly authorized in the and County aforesaid to take State acknowledgements, personally appeared STEVEN K. SABRISKIE, to me personally known or who produced a Florida Driver's License as identification, who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITHESS my hand and official seal in the County last aforesaid this 1st day of August, 1995.

NICHOLAS J./RUBINO Notary Public, State of Florida My Commission Expires 8/26/98 Commission No. CC 385997

Bonded thru Troy Fain Insurance Co.

(NOTARIAL SEAL)

NICHOLAS J. RUSINO MY COMMISSION # CC385887 EXPIRES August 26, 1998 BOYDED THRU TROY FAIN INSURANCE, INC

#### STATE OF FLORIDA COUNTY OF ORANGE

I MEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforewaid to take acknowledgements, personally appeared LYMME B. ZABRISKIE, to me personally known or who produced a Florida Driver's License as identification, who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITHESS my hand and official seal in the County last aforesaid this 1st day of August, 1995.

MICHOLAS J. RUBINO

Notary Public, State of Florida My Commission Expires 8/26/98

Commission No. CC 385997

Bonded thru Troy Fain Insurance Co.

(NOTARIAL SEAL)



NICHOLAS J. RUDINO MY COMMISSION & CC385997 COMPIRES CO August 26, 1998 BONDED THRU TROY PAIN INSURANT

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#### NOTARIAL STATEMENT OF PROOF

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared STEVEN K. ZABRISKIE, to me personally known or who produced a Florida Driver's License as identification, who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County last aforesaid this 1st day of August, 1995.

NICHOLAS J. LOBINO Notary Public, State of Florida

My Commission Expires 8/26/98

Commission No. CC 385997

Bonded thru Troy Fain Insurance Co.

(NOTARIAL SEAL DOMO MY COMMISSION & CC385807 EXPIRES August 26, 1996 RONGED THRU TROY FAIN INSURANCE, INC.

#### NOTARIAL STATEMENT OF PROOF

STATE OF FLORIDA COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared LYNNE B. ZABRISKIE, to me personally known or who produced a Florida Driver's License as identification, who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County last aforesaid this 1st day of August, 1995.

NICHOLAS J. RUBINO

Notary Public, State of Florida My Commission Expires 8/26/98

Commission No. CC 385997

Bonded thru Troy Fain Insurance Co.

(NOTARIAL SEAL) =

MICHOLAS J. RUBINO MY COMMISSION & CC385997 SOFRE August 26, 1998 Bonded Thru Troy Fain Insurance, Inc.

#### EABRISKIE FAMILY LIMITED PARTHERSELP

#### RESIDENT AGENT AGREDIENT

- I, STEVEN K. ZABRISKIE, as a General Partner, and I, LYNNE B. ZABRISKIE, as a General Partner of the ZABRISKIE FAMILY LIMITED PARTNERSHIP, hereby state the following pertaining to the partnership's Resident Agent as follow:
- 1. NICHOLAS J. RUBINO and the law firm of RUBINO, PEPPLER & ASSOCIATES, P.A., has been named as the Resident Agent for ZABRISKIE FAMILY LIMITED PARTNERSHIP.
- 2. NICHOLAS J. RUBINO and the law firm of RUBINO, PEPPLER & ASSOCIATES, F.A., whose address is 535 Versailles Drive, Suite 150, Maitland, Florida 32751 accepts the position of Resident Agent based on certain acceptable conditions.
- 3. The Resident Agent is directed to accept service of process in any lawsuit in which this partnership shall be a party.
- 4. Upon service of process, the Resident Agent, shall notify the General Partners of the lawsuit and forward such documents to the partnership office.
- 5. The Resident Agent is directed not to file an answer or any other documents in such lawsuit, unless the General Partners specifically authorize the Resident Agent to proceed in such lawsuit.
- 6. The Resident Agent must secure authorization to proceed for each and every lawsuit that such partnership is a party.
- 7. The Resident Agent reserves the right as the attorney for such partnership to refuse to proceed in such lawsuit if NICHOLAS J. RUBINO or RUBINO, PEPPLER & ASSOCIATES, P.A., reviews such lawsuit and after careful legal consideration concludes that it is unwise to proceed in such matter.

UNDERSTOOD AND AGREED TO THIS 1st DAY OF August, 1995.

STEVEN K. ZABRUSKIE

General Partner

ASSOCIATES, P.A.

Resident Agent

General Partner

# SABRISKIE FAMILY LIMITED PARTMERSHIP ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for MABRISKIE FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, in the forgoing Certificate of Limited Partnership, I, on behalf of the limited partnership, hereby agree to accept service of process for the limited partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

DATED this 1st day of August, 1995.

NICHOLAS J. RUBINO

RUBINO, PEPPLER & ASSOCIATES, P.A.

535 Versailles Drive

Suite 150

Maitland, Florida 32751

(407)-647-7470

Subscribed and sworn to before me on this 1st day of August, 1995 by Nicholas J. Rubino, who produced a valid Florida driver's license/as identification.

Notary Public State of Florida

My Commission Expires:

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MICHELLE R HAYNES
My Commission CC431888
Expires Jan. 03, 1888
Bondard by HAI
800-422-1586

DIVISION OF CORPORATIONS

95 AUG -3 PH 3: 55

#### SABRISKIE FAMILY LIMITED PARTHERSELP

#### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

#### STATE OF PLORIDA COUNTY OF ORANGE

Sefore me, the undersigned authority, personally appeared Steven K. Zabriskie and Lynne B. Zabriskie, the General Partners of the SABRISKIE PANILY LIMITED PARTNERSHIP, a Florida Limited Partnership, who being first duly sworn, deposes and says:

- 1. The amount of capital contributions to date is \$ 865,440.
- 2. The Limited Partners do not anticipate an additional contribution at this time.
- 3. The total amount contributed and anticipated to be contributed by the Limited Partners at this time is \$ 865,440.
- 4. 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.

EABRISHIE PARTLY LIMITED PARTHERSHIP, a Floridy Limited Partnership

STEVEN BY SUBMISHIE

General Partner

LYMME S. ZABRESKIE

General Partner

SECRETARY OF STATE DIVISION OF CORPORATIONS
95 AUG -3 PM 3: 55

## FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP

Typed or Printed Name of General Partner Signing Form STEVE AFRISKIE

| Name of Lemited Partitiership  ASS  BRISICE: FAMILY LIMITED PARTINERS  The property of the provisions of sections 620 192. Florida Statist for the purpose of changing is registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist for the purpose of changing is registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist for the purpose of changing its registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist for the purpose of changing its registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office or registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office of registered agent, or both agent. 1 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office of registered agent, or both agent. 2 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing its registered office of registered agent, or both agent. 2 am familiar with, and accept the obligations of section 620 192. Florida Statist (In the purpose of changing agent.) and accept the obligations of section 620 192. Florida Statist (In the purpose of changing agent.) and accept the obligations of section 620 192. Florida Statist (In the purpose of ch        | Sandra Socretar Socretar DIVISION OF C  DOCUM GOOOO  Address A | druss in Block 2 and/or 28 Country of Formation R Sumber 3 3 3 8 0 7 8 Jank, with a minimum liking is P8-26 (\$437.50 + \$138.76) must be securitized along with Name Street Address (P.O. B Surie, Apt #, etc. City    | SECRE TALL AH  DO NOT V  2. New Mailing Address, if App. Suite, Api. 1. gtc.) QOQ  City, State 2 in QOQ (V)  2a. New Principal Office Addressite, Api. 3909 (V)  City, Safe & Zip  ON Applicable  as apparate and a maximum of \$437.  In a separate and appropriate filing fee.  10. If changed, new Register  ON Nymber is Not Acceptable) | ALLT HWY 134  POD, FL 3377  POST HWY 434  PD, FL 33779  CERTIFICATE OF STATUS REQUIRED  BO  BO AGORNY Mice  BO 1 7 10 5 10 3 10 6 5 10 10 15 10 10 3 10 6 6 10 10 15 10 10 3 10 6 6 10 10 15 10 10 3 10 6 6 10 10 15 10 10 3 10 6 6 10 10 15 10 10 3 10 6 6 10 10 15 10 10 3 10 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10   |
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| Date Commend or Registered to Do Business in PLOMIDA (0.03/1865)  C. Capital Contributions as Shown on Record:  Sets. A40.40  FEES; 1.] Filing Fee Computed at a rate of \$7 per \$1,000 on amount enterer 2.] Supplemental Fee; \$138.75 (pursuant to eacher 807.193, F.S.)  AMOUNT DUE SHALL BE NO LESS THUN \$191.25 (\$52.50 + \$138.75) AND N if the amount entered in 5b is grunter than amount entered in 5a, a sup ECHECK PAYABLE TO FLORIDA DEPT OF STATE  9. Name and Address of Current Registered Agent  BENO, RENDAS JEBO.  END, FETLER & ASSOCIATES, PA.  VERALLES OR., SUITE 159  NUMBER, STATE  Address of the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (Provisions of Agent Accepting Appointment)  GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Address Address Accepting Appointment 11a. (Do NOT)  134 (BNOT)  | 4. State or sain 6. FEIN 39-3 d in 5t or 5a it 5b bla D MORE THAN \$5? plemental aff.davit m   | Country of Formation  R  Number  3 3 8 0 7 8  lank, with a minimum liking is  78.26 (\$437.50 + \$138.76) must be assumitted along with  Name  Street Address (P.O. B.  Surie, Apt. 4, etc.  City                       | 20. New Principal Office Address Suite, Apt 3909 // City, Safe & Zip Applied For 7. Not Applicable see of \$52 50 and a maximum of \$437. It changed, new Register  Ox Nymber is Not Acceptable)   | CENTIFICATE OF STATUS REQUIRED  DATE OF STATUS |
| Date Commend or Registered to Do Business in PLOMIDA (0.03/1865)  C. Capital Contributions as Shown on Record:  Sets. A40.40  FEES; 1.] Filing Fee Computed at a rate of \$7 per \$1,000 on amount enterer 2.] Supplemental Fee; \$138.75 (pursuant to eacher 807.193, F.S.)  AMOUNT DUE SHALL BE NO LESS THUN \$191.25 (\$52.50 + \$138.75) AND N if the amount entered in 5b is grunter than amount entered in 5a, a sup ECHECK PAYABLE TO FLORIDA DEPT OF STATE  9. Name and Address of Current Registered Agent  BENO, RENDAS JEBO.  END, FETLER & ASSOCIATES, PA.  VERALLES OR., SUITE 159  NUMBER, STATE  Address of the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (Provisions of Agent Accepting Appointment)  GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Address Address Accepting Appointment 11a. (Do NOT)  134 (BNOT)  | 4. State or sain 6. FEIN 39-3 d in 5t or 5a it 5b bla D MORE THAN \$5? plemental aff.davit m   | Country of Formation  R  Number  3 3 8 0 7 8  lank, with a minimum liking is  78.26 (\$437.50 + \$138.76) must be assumitted along with  Name  Street Address (P.O. B.  Surie, Apt. 4, etc.  City                       | Suite, Apt 3909 // City, Safe & Zap ON GWOO Applied For 7. Not Applicable se of \$52 50 and a maximum of \$437. It changed new Register Ox Nymber is Not Acceptable)   | CENTIFICATE OF STATUS REQUIRED  DATE OF STATUS |
| Capital Contributions as Shown on Record:  SES.A40.00  FEES: 1.1 Filing Fee Computed at a rate of \$7 per £1,000 on amount entered 2.1 Supplemental Fee: \$138.75 (pursuant to section 807.193, F.S.)  F. AMOUNT DUE STALL BE NO LESS THAN \$191.25 (\$32.50 + \$138.75) AND N if the amount intered in 5s is graviter than amount entered in 5s. a sup KE CHECK PAYABLE TO FLORIDA DEPT OF \$TATE  9. Name and Address of Current Registered Agent  LENO, NEXIOLAS JEDO.  LENO, PETTER & ASSOCIATES, PA.  IN VERMALLES CR., SLITE 159  NITLAND R. 32731  9. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statist for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statist (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statist (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statist (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statist (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statist (or the purpose of changing the registered office or registered Agent. Accepting Appointment)  ACCEPTION OF THE THE THAT IS A CORPO  | 4. State or sain 6. FEIN 39-3 d in 5t or 5a it 5b bla D MORE THAN \$5? plemental aff.davit m   | Country of Formation  R  Number  3 3 8 0 7 8  lank, with a minimum liking is  78.26 (\$437.50 + \$138.76) must be assumitted along with  Name  Street Address (P.O. B.  Surie, Apt. 4, etc.  City                       | City, Sixtle & Zip  Applied For 7.  Not Applicable  the appearate and appropriate filing fee  10. If changed, new Register  Ox Nymber is Not Acceptable)   | D. FL 30179 CENTIFICATE OF STATUS REQUIRED  60 64 Agentif Mice 65/36-01015-003 66.2  |
| Date of Registered to Do Businoss in PLONIDA 1995  B. Capital Contributions as Shown on Record:  SES.A40.00  FEES: 1.] Filing Fee Computed at a rate of \$7 per £1,000 on amount enters 2.] Supplemental Fee: \$138.75 (pursuant to section 807.193. F.S.)  F. AMOUNT DUE SHALL BE NO LESS Think \$191.25 (\$52.50 + \$138.75) AND N is: if the amount entered in 5b is grunter than amount entered in 5a. a sup IKE CHECK PAYABLE TO FLORIDA DEPT. UP STATE  9. Name and Adrievs of Current Registered Agent  LENO, NEXIONA JERO.  LENO, PETURIS A ANDICATES, PA.  S. VERALLES OR., SUITE 139  MILLION R. 22751  10. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. Lam familiar with, and accept the obligations of section 620 192. Florida Statut (Propose of Changing Appointment)  NATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Additional Statut (Po Not)  11a. (Po Not)  | 4. State or sain 6. FEIN 39-3 d in 5t or 5a it 5b bla D MORE THAN \$5? plemental aff.davit m   | Country of Formation  R  Number  3 3 8 0 7 8  lank, with a minimum liking is  78.26 (\$437.50 + \$138.76) must be assumitted along with  Name  Street Address (P.O. B.  Surie, Apt. 4, etc.  City                       | Applied For 7.  Applied For 7.  Not Applicable  the of \$52.50 and a maximum of \$437.  The apparato and appropriate filing fee  10, If changed, new Register  Ox Nymber is Not Accoptable)  | EATHFICATE OF STATUS REQUIRED  50  ad Agenut Mice  57.36 - 01015 - 0103  67.6. C   |
| FLOMIDA to date.  FEES; 1.) Filing Fee Computed at a rate of \$7 per \$1,000 on amount entere 2.) Supplemental Fee: \$138.75 (pursuant to section 807.193, F.S.)  F. AMOUNT DUE STHALL BE NO LESS THAN \$191.25 (\$25.50 + \$138.75) AND N fat: if the amount entered in 5b is greater than amount entered in 5a, a supplemental Fee; \$100 per UP STATE  9. Name and Address of Current Registered Agent USNO, NEXIOLAS JEBO.  NEND, REPUBLIS OR., SUITE 150  NITLAND, R. 2731  10. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (or the purpose of changing the registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (or the purpose of changing the registered office or registered agent.) Additional Statut (or the purpose of changing the registered office or registered agent.) Additional Statut (or the purpose of changing the registered office or registered agent.) Additional Statut (or the purpose of changing the registered agent.) Additional Statut (or the purpose of changing the registered agent.) Additional Statut (or the purpose of changing the registered agent.) Additional Statut (or the purpose of changing the registered agent.) Additional Statut (or the purpose of changing the registered agent.) Additional Statut (or the purpose of changing the registered agent.) Ad | .59-3 d in 5° or 5a if 5b bid D MORE THAN \$57 plemental aff.davit in  | Number 3 3 3 8 0 7 8  Jank, with a minimum liking I 78.26 (\$437.50 + \$138.76) must be submitted along wit  Name  Strout Address (P.O. B  Surie, Apt #, etc.  City   | Applied For 7.  Applied For 7.  Not Applicable  the of \$52.50 and a maximum of \$437.  The apparato and appropriate filing fee  10, If changed, new Register  Ox Nymber is Not Accoptable)  | EATHFICATE OF STATUS REQUIRED  50  ad Agenut Mice  57.36 - 01015 - 0103  67.6. C   |
| FEES; 1.) Filing Fee Computed at a rate of \$7 per \$1,000 on amount enters 2.) Supplemental Fee; \$138.75 (pursuant to section 807.193, F.S.) F. AMOUNT DUE SYALL BE NO LESS THAN \$191.25 (\$25.50 + \$138.75) AND N BE. If the amount intered in 56 is grunter than amount entered in 56, a sup KE CHECK PAYABLE TO FLORIDA DEPT. UF STATE  9, Name and Adrireza of Current Registered Agent  LENO, NEXULAS JEBO. LENO, PEPTER & ASSOCIATES, P.A. B. VERALLES CR., SUITE 159  NITLAND R. 22751  9. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Flor NATURE (Registered Agent Accepting Appointment)  CENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Additional Control of the partner(s)  374 ENAME.  | .59-3 d in 5° or 5a if 5b bid D MORE THAN \$57 plemental aff.davit in  | Isank, with a minimum liking I 16.26 (\$437.50 + \$138.76) must be accentited along wit  Name  Street Address (P.O. B  Surte, Apt. #, otc.  City  | Not Applicable  ee of \$52 50 and a maximum of \$437.  h a separate and appropriate filing fee  10. If changed, new Register  ox Nymber is Not Acceptable;   | 60 Agent/Alice  60 Agent/Alice  60 Agent/Alice  60 Agent/Alice   |
| FEES: 1.) Filing Fee. Computed at a rate of \$7 per £1,000 on amount entere 2.) Supplemental Fee: \$138.75 (pursuant to section 807.193, F.S.) F. AMOUNT DUE SHALL BE NO LESS THAIN \$191.25 (\$52.50 + \$138.75) AND N B. If the emount entered in 5b is granter than amount entered in 5a, a sup KE CHECK PAYABLE TO FLORIDA DEPT OF STATE  9. Name and Address of Current Registered Agent USNO, NEXULAS J. ESQ. USNO, PETUER & ASSOCIATES, P.A. B. VERALLES GR., SLITE 159 NITLAND R. 22751  9. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent, I am familiar with, and accept the obligations of section 620 192. Florida Statut (GRENERAL PARTINER THAT IS A CORPO  NATURE (Registered Agent Accepting Appointment)  GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Address  374 ENAME.   | d in 5th or 5e if 5b bit D MORE THAN \$57 plemental afficient in   | Name Street Address (P.O. B Surie, Apt. #, etc. City  | ne of \$52.50 and a maximum of \$437.  In a separate and appropriate filing fee  10, If changed, new Register  Ox Nymber is Not Acceptable)  | MAGENTATION OF THE PROPERTY OF |
| AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND N If the amount entered in 5b is granter than amount entered in 5a, a sup IE CHECK PAYABLE TO FLORIDA DEPT OF STATE  9. Name and Address of Current Registered Agent  200, NCHOLAS J ESO.  200, NCHOL     | D MORE THAN \$5.7 plemental all davit in   | Name Street Address (P.O. B Surte, Apt. #, orc. City  | 10, If changed, new Register  Number is Not Acceptable;  | MAGENTATION OF THE PROPERTY OF |
| Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florature (Registered Agent Accepting Appointment)  GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Addition Notes.  \$74 ENAME.  | es, the above-name<br>n, in the State of Flor<br>ride Statutes.  | Surie, Apt #, orc. City   | 900<br>-02/0<br>*****  | 16.25  |
| Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statut for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620 192. Florida Statut (Provisional Agent Accepting Appointment)  ATURE (Registered Agent Accepting Appointment)  GENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. Additional Corporations (Corporational Additional Addition        | es, live above-name<br>n, in the State of Flor<br>ride Statutes.   | City  | ****   | 16.25 MASTE. 25  |
| AGENERAL PARTNER THAT IS A CORPO  Name(s) of General Pertner(s)  Add (Do NO)  ANALES, \$72400 K   | es, the above-name<br>n, in the State of Flor<br>ride Statutes.  | of bruitest made  | · ·  | FL FL  |
| AGNUE STAYEN K  Agent. I am familiar with, and accept the obligations of section 620 192, Florance and Agent Accepting Appointments  AGENERAL PARTNER THAT IS A CORPO  Name(s) of General Partner(s)  11a. (Do NOT  ACCUSE)  374 (ENAME)  | es, the above-name<br>n, in the State of Flor<br>ride Statutes.  | od kmitod partnerstrip organ<br>ride. Such change was auf   | nized or registered under the laws of horsed by its general partner(s). The  | the State of Florida, scamits this statement   |
| Name(s) of General Partner(s)  Name(s) of General Partner(s)  11a. Addition (Do NOT   |  |   |  | eby accept the appointment of registered   |
| Name(s) of General Partner(s)  11a. Addition NOT  ANNUALE, STEVEN K  374 (RAMFI   | <u></u>  |   | DATE   |  |
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| ote: General partners MAY NOT be changed o  | n this form  | ; an amendmer   | nt must be filed to ch   | inge a general pertner.  |
| I do hereby certify that the information supplied with this fang is voluntarily function from any liability of new Trippliance with Section 140 07/39 Up to   | hished and dues not  | t qualify to the exemption t  | itated in Section 119 07(3)(k), Florida  | Statutes, I release the Division of  |
| this annual report is true and acquirate and that my signature shall happine su<br>empowered to execute this burnt as required by chapter 620. Fig. da Starutes   | ne legal effects as it   |   |  | en veniny mai me miofination indicated on  |