



GARRETT GROUP

United States

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

United Kingdom

10-16 Cole Street
London SE 1 4YH
(071) 357-0367 / fax: (071) 357-0347

A95000001200

August 8, 1995

Secretary of State
Business Filing Division
409 E. Gaines St.
Tallahassee, FL 32399

900001556673
-08/09/95--01100--002
87.50 **87.50

Dear Sir/Madam:

Enclosed is a check for \$87.50 to cover the filing and registered agent fees for filing the SVARE Limited Partnership.

Please return completed forms to the address above.

Sincerely,

Beverly Sanders
Beverly Sanders
Manager

BKC
8/9/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 8:22

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SVARE LIMITED PARTNERSHIP

1. SVARE LIMITED PARTNERSHIP

(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3095 Caminito-Sagunto, Delmar, CA 92104

(The Business Address of Limited Partnership)

3. Mark Lauer

(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. 3095 Caminito-Sagunto, Delmar, CA 92104

(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(S)

Harland Svare

Annette Svare

SPECIFIC ADDRESS

3095 Caminito-Sagunto
Delmar, CA 92104

3095 Caminito-Sagunto
Delmar, CA 92104

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DIVISION OF CORPORATIONS
95 AUG -9 AM 8:22

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Svare 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 3rd day of August, 1995.


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

✓ 
Harland Svare

GENERAL PARTNER


Annette Svare

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DIVISION OF CORPORATIONS
95 AUG -9 AM 8:22

Signed this 3rd day of August, 1995.

Signature of all general partners:

John J. Doane
General Partner

Robert J. Doane
General Partner

General Partner

General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 8:22

FILE ON OR BEFORE DECEMBER 31, 1995 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

96 JUL -8 AM 10:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001200

SVARE LIMITED PARTNERSHIP

Mailing Address

308 CAMINITO-SAGUNTO
DELMAR CA 92104

Principal Office Address

308 CAMINITO-SAGUNTO
DELMAR CA 92104

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

80000010000-40
-07/09/96--01156--026

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 Form filed or Registered to Do Business in
FLORIDA

08/08/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record:

\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:

1,000.-

6. FEI Number

33-0674988

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: \$136.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$136.75) AND NO MORE THAN \$578.25 (\$437.50 + \$136.75)
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

LAUER, MARK
380 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

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)

SVARE, HARLAND
SVARE, ANNETTE

1a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

308 CAMINITO-SAGUNTO
308 CAMINITO-SAGUNTO

11b. City, State & Zip Code

DELMAR CA 92104
DELMAR CA 92104

11c. Registration/
Document Number

- received ok. push to
re-register
- returned ok w/for
within acceptable
time frame.
Wet

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

Harland Sware

DATE 12/19/95

Typed or Printed Name of General Partner Signing Form

Harland Sware

Telephone Number 619-471-2840

766-1075

CR2E03 (6/95)