

# A95000001208

8/11/95 FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM 11:20 AM  
 ELECTRONIC FILING COVER SHEET  
 TO: DIVISION OF CORPORATIONS FROM: GRIGER, KASDIN, HELLER & KUPERSTEIN,  
 DEPARTMENT OF STATE 1428 BRICKELL AVE  
 STATE OF FLORIDA 6TH FLOOR  
 409 EAST GAINES STREET MIAMI FL 33131-  
 TALLAHASSEE, FL 32399 CONTACT: BEVERLY O RIEDY  
 PHONE: (305) 372-5080  
 FAX: (305) 372-0052

FILED  
 AUG 11 PM 3:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(((H95000000869))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP  
 NAME: FLORIDA CAPITAL INCOME FUND IV, LTD.  
 FAX AUDIT NUMBER: H9500000869 CURRENT STATUS: REQUESTED  
 DATE REQUESTED: 08/11/1995 TIME REQUESTED: 11:20:06  
 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
 NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX  
 ESTIMATED CHARGE: \$140.00 ACCOUNT NUMBER: 076030000723

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(((H9500000869)))  
 \*\* ENTER 'M' FOR MENU. \*\*  
 ENTER SELECTION AND <CR>:  
 Alt-2 FOR HELP \* VT102 \* FDX \* 9600 E71 \* LOG CLOSED \* PRINT OFF \*

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 DEPARTMENT OF STATE 1428 BRICKELL AVE  
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 409 EAST GAINES STREET MIAMI FL 33131-

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PA# H95-  
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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
FLORIDA CAPITAL INCOME FUND IV, LTD.**

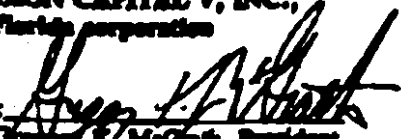
1. The name of the Limited Partnership is: **FLORIDA CAPITAL FUND IV, LTD.** **INCOME**
2. The address of the office and the name and address of the agent for service of process required to be maintained by F.S. §420.105 is:  
  
**GREGORY K. MCGRATH  
28030 U.S. Highway 19  
SUITE 301  
CLEARWATER, FLORIDA 34621**
3. The name and business address of the General Partner is:  
  
**BARON CAPITAL V, INC.  
28030 U.S. Highway 19  
SUITE 301  
CLEARWATER, FLORIDA 34621**
4. The principal address and the mailing address for the Limited Partnership is:  
  
**28030 U.S. Highway 19  
SUITE 301  
CLEARWATER, FLORIDA 34621**
5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2026.
6. There are no other matters to include herein.

**FILED  
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TALLAHASSEE, FLORIDA**

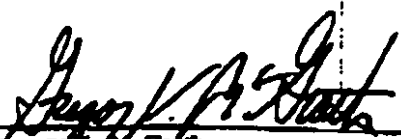
*pg 15000019928*

DATED this 11 day of August, 1995.

**"GENERAL PARTNER"  
BARON CAPITAL V, INC.,  
a Florida corporation**

By:   
Gregory K. McGrath, President

**"REGISTERED AGENT"**

  
Gregory K. McGrath

Ruth J. Hall, Esq.  
CRONIN, KARDON, HELLER & EDWARDS, P.A.  
1428 Mitchell Avenue, 6th Floor  
Miami, Florida 33131  
Telephone (305) 375-0000  
Florida Bar Number 879105  
PA# H95-  
jlv088@courtsfla.net

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FA# H95-

**AFFIDAVIT OF CAPITAL CONTRIBUTION  
OF  
FLORIDA CAPITAL INCOME FUND IV, LTD.**

95 AUG 11 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME personally appeared Gregory K. McGrath, as President of Baron Capital V, Inc., a Florida corporation, the General Partner of FLORIDA CAPITAL INCOME FUND IV, Ltd., who, after being first duly cautioned and sworn, deposes and says:

1. I have personal knowledge of the matters contained herein.
2. I am the President of Baron Capital V, Inc., a Florida corporation, the sole General Partner of FLORIDA CAPITAL INCOME FUND IV, LTD.
3. The amount of capital contributions of the Limited Partners is \$99.00, and no further capital contributions are anticipated to be made by the Limited Partners.

FURTHER AFFIANT SAYETH NAUGHT.

**BARON CAPITAL V, INC.,  
General Partner**

By: *[Signature]*  
Gregory K. McGrath, President

The foregoing instrument was acknowledged before me this 10 day of August, 1995, by Gregory K. McGrath, who is personally known to me.

*[Signature]*  
Notary Public,  
State of Florida at Large

My Commission Expires: 4-6-96

FA# H95-  
/s/Janett W. Pascul

OFFICIAL NOTARY SEAL  
JANETT W. PASCUL  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. 0039223  
MY COMMISSION EXP. APR. 6, 1996

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**AGREEMENT OF LIMITED PARTNERSHIP  
OF  
FLORIDA CAPITAL INCOME FUND IV, LTD.**

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, intending to form a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended, do hereby certify as follows:

**ARTICLE I  
NAME**

The name of the Limited Partnership shall be **FLORIDA CAPITAL INCOME FUND IV, LTD.**

**ARTICLE II  
PURPOSE**

The character of the business to be carried on by the Limited Partnership will be to conduct any business which is lawful under the laws of the State of Florida. Such business shall include, but is not limited to, the acquisition and ownership of real property.

**ARTICLE III  
LOCATION OF PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Limited Partnership is 1150 Cleveland Street, Suite 420, Clearwater, Florida 34615.

**ARTICLE IV  
NAME AND ADDRESS OF EACH GENERAL AND LIMITED PARTNER**

The name and address of the General Partner is **BARON CAPITAL V, INC.**, 28050 U.S. Highway 19, Suite 301, Clearwater, Florida 34621.

The name and address of the Limited Partners are: **STYLES HOLDING IV, L.C.**, a Florida limited liability company, 3250 Mary Street, Suite 305, Miami, Florida, 33133 and: **SOUTH FLORIDA PARTNERS TRUST**, a trust organized under the laws of Bermuda, c/o Geovisor Trust Company Limited, Airline House, 33 Church Street, Hamilton HM12, Bermuda.

**ARTICLE V  
TERM OF PARTNERSHIP**

The term of the Limited Partnership shall commence upon the filing for record of the Certificate of Limited Partnership in the office of the Secretary of State of the Florida Department of State and shall continue until December 31, 2006.

**ARTICLE VI  
INITIAL CAPITAL CONTRIBUTION**

The amount of the cash contributed to the Limited Partnership by the General Partner is One and 00/100 Dollar (\$1.00) in the aggregate.

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The amount of the cash contributed to the Limited Partnership by **STYLES HOLDING IV, L.C.** is One and 00/100 (\$1.00) and by **SOUTH FLORIDA PARTNERS TRUST** is Ninety Eight and 00/100 Dollars (\$98.00).

**ARTICLE VII  
ADDITIONAL CAPITAL CONTRIBUTIONS**

The Limited Partners have not agreed to make additional contributions other than as set forth herein.

**ARTICLE VIII  
RETURN OF CAPITAL CONTRIBUTIONS**

Subject to the payment of debts and any other obligations of the Limited Partnership, the contributions of the Limited Partners shall be returned upon the termination or dissolution of the Limited Partnership.

**ARTICLE IX  
DISTRIBUTIONS**

The net profits, losses, deductions, and credits of the Limited Partnership for any year will be allocated ninety-nine percent (99%) to the Limited Partners (one percent to **STYLES HOLDING IV, L.C.** and ninety-eight percent (98%) to **SOUTH FLORIDA PARTNERS TRUST**) and one percent (1%) to the General Partner. The Limited Partnership shall utilize a calendar year.

**ARTICLE X  
RIGHT TO CONTINUE BUSINESS**

A substitute General Partner shall have the power to continue the business of the Limited Partnership upon the termination, dissolution, or lack of capacity of a General Partner.

**ARTICLE XI  
INDemnIFICATION OF GENERAL PARTNER**

The General Partner shall have the discretion to admit additional Limited Partners without the consent of the Limited Partners who are signatories hereto.

**ARTICLE XII  
ASSIGNMENT BY LIMITED PARTNER**

The Limited Partners shall not have the right to designate any person to which it has assigned all or part of its interest in the Limited Partnership as a substituted Limited Partner unless the General Partner consents thereto. Unless such consent is obtained, the assignee shall only have the right to share in the profits or losses of the Limited Partnership which the transferring Limited Partner has pursuant to this Agreement.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III  
LIMITATION OF LIABILITY**

The Limited Partners have no liability over any other Limited Partner as to the capital contribution or as to an allocation of profit and loss or distribution of any kind.

**ARTICLE IV  
RIGHT TO SUCCEED TO INTEREST**

The Limited Partners shall have no right to demand and receive property other than for his contribution.

Dated this 11 day of August, 1995.

**GENERAL PARTNER**

Reynolds V. Inc.

By: [Signature]  
General Partner, Partner

**FLORIDA PARTNER**

Reynolds V. L.C.

By: [Signature]  
Paul C. Siskind, Manager

**South Florida Partner Trust**

By: [Signature] LARRY WOLLMANN

By: [Signature] LARRY WOLLMANN  
Trust Officer  
Reynolds V. L.C.

FILED  
AUG 11 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3 58

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**FILE ON OR BEFORE DECEMBER 31, 1995 ON PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 DEC 22 AM 10:31

1. Name of Limited Partnership

1a. DOCUMENT #  
**A9500001208**

**FLORIDA CAPITAL INCOME FUND IV, LTD.**

DO NOT WRITE IN THIS SPACE *mtm*

Mailing Address  
3000 U.S. HIGHWAY 19  
SUITE 301  
CLEARWATER FL 34621

Principal Office Address  
3000 U.S. HIGHWAY 19  
SUITE 301  
CLEARWATER FL 34621

2. New Mailing Address, If Applicable

Suite, Apt. #, etc

City, State & Zip

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 **08/11/1995**

3a. Date of Last Report

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

5a. Capital Contributions as Shown  
on Record  
**\$00.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

**59-3331096**

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: \$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

MCGRATH, GREGORY K  
3000 U.S. HIGHWAY 19  
SUITE 301  
CLEARWATER FL 34621

10. If changed, new Registered Agent/Officer

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)

**BARON CAPITAL V, INC.**

11a. Address of Each General Partner  
(Do Not Use Post Office Box Numbers)

**3000 U.S. HIGHWAY 19**

11b. City, State & Zip Code

**CLEARWATER FL 34621**

11c. Registrar/Document Number

**P000001000**

400002677404  
-01/03/95--01120--002  
\*\*\*\*191.25 \*\*\*\*191.25

**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

*Gregory K. McGrath*

DATE

**9/26/95**

Typed or Printed Name of General Partner Signing Form

**Gregory K. McGrath**

Telephone Number

CR2003 (6/95)