

**CHARLES HOOD COMPANY**

3401 NORTHSIDE PARKWAY  
ATLANTA, GEORGIA 30327  
(404) 261-7887

**A9500001240**

August 11, 1995

FILED  
95 AUG 17 PM 2:24  
TALLAHASSEE, FLORIDA

Bureau of Commercial Recording  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

300001563543  
-08/17/95--01059--003  
\*\*\*1837.50 \*\*\*1837.50

RE: Westgate Palatka Investors, Ltd.

Dear Sir or Madam:

I have enclosed a completed Certificate of Limited Partnership and the related Affidavit of Capital Contributions with respect to Westgate Palatka Investors, Ltd., a Florida limited partnership.

I have also enclosed a check in the amount of \$1,837.50 for payment of the following fees: filing fee of \$1,750.00, designation of a registered agent \$35.00, and one certified copy of the certificate \$52.50.

Would you be so kind as to return the acknowledgement and the certified copy of the certificate to me at the above address.

Should you have any questions concerning the enclosed materials, please do not hesitate to call.

Your assistance in this matter is sincerely appreciated.

Very truly yours,

Charles L. Hood

CLH/jmp

Enclosures

Name	CLH
Availability	8/18/95
Document Examiner	CLH
Updater	CLH
Checker	CLH
Verifier	CLH
Acknowledgement	CLH
W. P. order	CLH

FILING 1750.00  
C. COPY 52.50  
R. AGENT 35.00  
TOTAL 1837.50  
BALANCE DUE \$  
REFUND \$

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

1. WESTGATE PALATKA INVESTORS, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")

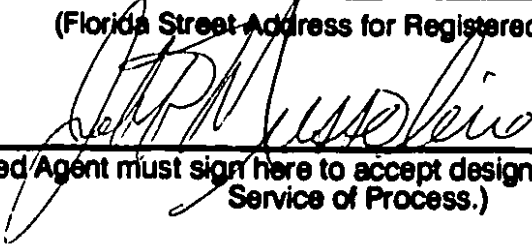
3401 Northside Parkway  
Atlanta, Georgia 30327

2. \_\_\_\_\_  
(The Business Address of Limited Partnership)

3. John D. Mussoline  
(Name of Registered Agent for Service of Process)

Suite A  
415 St. Johns Avenue  
Palatka, Florida 32177

4. \_\_\_\_\_  
(Florida Street Address for Registered Agent)

5.   
(Registered Agent must sign here to accept designation as Registered Agent for  
Service of Process.)

3401 Northside Parkway  
Atlanta, Georgia 30327

6. \_\_\_\_\_  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2025.

**8. NAME OF GENERAL PARTNER(S)**

**SPECIFIC ADDRESS**

Charles L. Hood

3401 Northside Parkway

Atlanta, Georgia 30327

55 AUG 17 PM 2:24  
CLERK OF SUPERIOR COURT  
JULY 1995

Signed this 11th day of August, 1995.

Signature of all general partners:

*Charles L. Hood*

General Partner

General Partner

General Partner

General Partner

General Partner

## **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

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

WESTGATE PALATKA INVESTORS, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ -0-.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 750,000.00.

This 11th day of August, 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.

Charles R. Hoel

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED  
95 AUG 17 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Northington  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 DEC 27 AM 10:46

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001240

WESTGATE PALATKA INVESTORS, LTD.

Mailing Address

3601 NORTHWIDE PARKWAY  
ATLANTA GA 30327

Principal Office Address

3601 NORTHWIDE PARKWAY  
ATLANTA GA 30327

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  
08/17/1985

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record:  
\$750,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date:  
- 0 -

6. FEI Number

Applied For

7. CERTIFICATE OF STATUS REQUIRED

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 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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

MUSCOLINE, JOHN D  
415 ST. JAMES AVE., SUITE A  
PALATKA FL 32177

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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

HOOD, CHARLES L

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

3601 NORTHWIDE PARKWAY

11b. City, State & Zip Code

ATLANTA GA 30327

11c. Registration/  
Document Number

500001679425  
-01/05/96--01007--005  
\*\*\*\*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 related 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, 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 120, Florida Statutes.

SIGNATURE

*Charles L Hood*

DATE 12/18/95

Typed or Printed Name of General Partner Signing Form

CHARLES L HOOD

Telephone Number (404) 261-7887

CR2E003 (6/95)