

A95000001247

August 8, 1995

CERTIFIED MAIL

Secretary of State
Corporations Division
Capitol Building
Tallahassee, FL 32304

Dear Sir:

RE: THE EVANGELICA LIMITED PARTNERSHIP

200001567622
-08/23/95--01066--013

We enclose two properly executed each of the certificates for the Evangelica Limited Partnership and the Affidavit of Capital Contributions. We request you file the same on our behalf with the Secretary of State. Check payable to the Secretary of State in the amount of \$682.50 is enclosed to cover filing fee, certified copy and Registered Agent Designation.

After the Limited Partnership has been filed, please forward the certified copy of the Certificate of Limited Partnership to this office.

Thank you for your help and cooperation in this matter.

Yours very truly,

Richard O. Jones

ROJ:kj

IAA _____
FILING _____ 595.00
AGENT FEE _____ 35.00
COPY _____ 52.50
FAL \$ 682.50
BANK _____
FEE DUE _____
ID _____

CERTIFICATE OF LIMITED PARTNERSHIP
OF

SECRET
DIVISION OF
95 AUG 21 PM 1:25
STATE
TOLSON
ROSEN
WICK
Casper
Callahan
Conrad
Felt
Gale
Rosen
Sullivan
Tavel
Trotter
Tele. Room
Holmes
Gandy

1. THE EVANGELICA LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 1900 Summit Tower Boulevard, Suite 540
Orlando, Florida 32801
(The Business Address of Limited Partnership)

3. Mathew D. Staver
(Name of Registered Agent for Service of Process)

4. 1900 Summit Tower Boulevard, Suite 540, Orlando, FL 32810
(Florida Street Address for Registered Agent)

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

6. 1900 Summit Tower Boulevard, Suite 540
Orlando, Florida 32801
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Mathew D. Staver

1900 Summit Tower Boulevard, Suite 540
Orlando, Florida 32810

Signed this 16th day of August, 1995.
Signature of all general partners:

General Partner



General Partner / REGISTERED AGENT
Matthew D. Stavor

General Partner

General Partner

General Partner

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 21 PM 1:25

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
THE EVANGELICA LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as fol-
lows:

The amount of capital contributions to date of the limited partners is \$ 85,000.00.

The total amount contributed and anticipated to be contributed by the limited partners
at this time totals \$ 85,000.00.

This 16th day of August, 19 95.

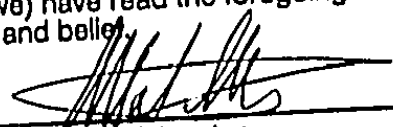
FURTHER AFFIANT SAYETH NOT.

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.

General Partner

General Partner

General Partner



General Partner
Matthew D. Stavor

General Partner

General Partner

FILED
STATE
RECORDS
SECTION
95 AUG 21 PM 1:25

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1995

1995

LIMITED PARTNERSHIP
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

1a.

AGS00001347
DOCUMENT #
S95A00039051

THE EVANGELICA LIMITED PARTNERSHIP

1. Name of Limited Partnership

1900 Summit Tower Blvd., Suite 540
Orlando, FL 32801

Principal Office Address

DO NOT WRITE IN THESE SPACES

2. New Mailing Address, if Applicable

State, Apt. # etc.

City, State & Zip

2a.

700001687537
01/12/95--01002--010
4444576.25--4444576.25

State, Apt. # etc.

If above address is not correct in any way, list through the correct information, and enter correct address in block 2 and/or 2a.

3. Date Registered to Do Business in FLORIDA

August 21, 1995

3a. Date of Last Report

N/A

4. State of Location of Partnership

Orange

5a.

Capital Contribution in Dollars
100 Percent
\$85,000

5b.

Amount of Capital Contribution in
FLORIDA Dollars
\$85,000

6. Filing Fee

X

Applied Fee

Not Applicable

7.

Additional Fee
Required
(for a Certificate of Status)

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO § 607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank. \$ 576.25

9. Name and Address of Current Registered Agent

Mathew D. Staver
1900 Summit Tower Blvd., Suite 540
Orlando, FL 32801

10. If changed, new registered agent's name

Name

Street Address (P.O. Box Not Permitted for Agent)

State, Apt. # etc.

City

FL

Zip Code

1/11

10a. Pursuant to the provisions of sections 620.10(1) and 620.10(2), 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) hereby accept the appointment of registered agent, and assumes all the obligations of section 620.10(2), Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

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

11b. City and State

11c. Registration Document Number

Mathew D. Staver

1900 Summit Tower
Boulevard, Suite 540

Orlando, FL 32801

895A00039051

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information provided on this form is true and correct, and that I am a general partner of the limited partnership named above. I understand that the filing of this form does not constitute a guarantee of the accuracy of the information provided, and that I am responsible for the accuracy of the information provided. I understand that the filing of this form does not constitute a guarantee of the accuracy of the information provided, and that I am responsible for the accuracy of the information provided.

SIGNATURE

Mathew D. Staver

Type or Print the name of General Partner signing form

DATE

12/26/95

Telephone Number

407-875-0077

CR2E003 (6-94)