

# A95000001361

000001582830  
-09/12/95--01009--004  
\*\*\*1802.50 \*\*\*1802.50

**CORPORATION TRANSMITTAL:**

Re: Jireno Limited

Date: September 8, 1995

Enclosed are the original and copy of proposed certificate of limited partnership with our check for your fees computed as:

|                |             |
|----------------|-------------|
| Filing fee     | \$ 1,750.00 |
| Certified copy | \$ 52.50    |

Please certify the copy and return it to us.

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

Trawick, Valentine  
& Hagan, P.A.  
P.O. Box 4019  
Sarasota, Florida 34230

HPT/jam

FILED  
1995 SEP 11 AM 8:00  
SECRET  
TALLAHASSEE, FLORIDA

|                   |     |
|-------------------|-----|
| Name              |     |
| Availability      | Kwm |
| Document Examiner | KWM |
| State             | FL  |
| Director          | KWM |
| W. P. Venter      | KWM |

JIRENE LIMITED  
CERTIFICATE OF LIMITED PARTNERSHIP

FILED

1995 SEP 11 AM 8:00

THIS CERTIFICATE is executed to form a limited partnership under Florida law. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. NAME. The name of the limited partnership shall be JIRENE LIMITED.

2. AGENT. The office address is 6000 South Tamiami Trail, Sarasota, Florida 34231 and name and address of the agent for service of process is:

Jack D. Urfer

6000 South Tamiami Trail  
Sarasota, Florida 34231

3. GENERAL PARTNER. The name and business address of each general partner is:

TJU, Inc. - P95000067999

6000 South Tamiami Trail  
Sarasota, Florida 34231

4. MAILING ADDRESS. The mailing address for the limited partnership is the same.

5. DISSOLUTION. The latest date when the limited partnership is to dissolve is December 31, 2040.

DATED on <sup>AUGUST</sup> June 24, 1995.

GENERAL PARTNER

TJU, INC.

By Thelma I. Urfer  
As President

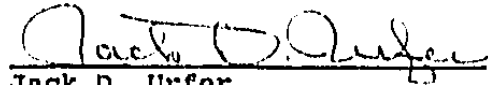
LIMITED PARTNERS

Jack D. Urfer  
Jack D. Urfer

Thelma I. Urfer  
Thelma I. Urfer

ACCEPTANCE OF AGENT

HAVING BEEN NAMED as agent for service of process on this limited partnership, the undersigned accepts the designation.

  
Jack D. Urfer

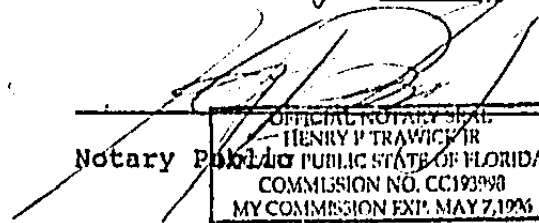
AFFIDAVIT ON CAPITAL CONTRIBUTIONS

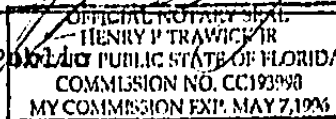
STATE OF FLORIDA  
COUNTY OF SARASOTA

Before me, the undersigned authority, personally appeared JACK D. URFER, who was sworn and says that he is the president of TJU, INC. and that the amount of the capital contributions of the limited partners is \$900,000 and the amount anticipated to be contributed by the limited partners is \$-0-.

  
Jack D. Urfer

Sworn to and subscribed before me on August 21, 1995, by  
Jack D. Urfer.

  
Notary Public



Personally Known ✓ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

/pjh

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

FILED

96 JAN -3 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

A95000001361

1. Name of Limited Partnership  
JIRENE LIMITED

1a. DOCUMENT #  
A95000001361

96-AR

CM

Mailing Address Principal Office Address

6000 S. Tamiami trail  
Sarasota, Florida 34231

If above addresses are incorrect in any way, list through the incorrect entry

1. Address in Block 2 and/or 2a

3. Date Formed or Registered in  
FLORIDA  
9/11/95

3a. Date of Last  
N/A

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
9000,000.

5b. Amount of Capital Contributions in  
FLORIDA to date  
900,000.

6. FEI Number  
65-0618663

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
\$6.75 Additional Fee required  
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5a or 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2) Supplemental Fee: \$130.75 (pursuant to section 607.103, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$130.75) AND NO MORE THAN \$576.25 (\$437.50 + \$130.75)

Note: If the amount entered in 5a is greater than amount entered in 5b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

576.25

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Jack D. Urfer  
6000 South Tamiami Trail  
Sarasota, Florida 34231

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 620.102, 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 620.102, 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) | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/<br>Document Number                                          |
|-----------------------------------|------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------|
| TJU, Inc                          | 6000 S. Tamiami Tr.                                                          | Sarasota, Florida 34231     | A95000001361<br>100001686521<br>-01/11/96--01032--022<br>****576.25 ****576.25 |

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

Thelma Urfer

DATE

12-27-95

Typed or Printed Name of General Partner Signing Form

Thelma Urfer

Telephone Number

941-923-2700

CR2E003 (6/95)