

A95000001428

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September 7, 1995

Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Franklin S. Davis I Partnership

Dear Sir or Madam:

A Certificate of Limited Partnership of Franklin S. Davis
Limited Partnership and Affidavit of Capital Contributions is
enclosed for filing together with our check in the amount of
\$1,785.00 representing the filing fee of \$1,750.00 and
Registered Designated Agent fee of \$35.00.

Kindly forward to this office a receipt of the filing of
this limited partnership.

Thank you for your cooperation.

Sincerely,

Susan J. Shipley
Susan J. Shipley, Esquire

SJS/bjg

Enclosure

cc: Franklin S. Davis

20011011504772
-03/12/95--01116--001
****\$5.00 ****\$25.00

4000001583144
-03/12/95--01116--001
***1750.00 ***1750.00

95 SEP 25 AM 11:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-15-18464
\$35.00 - R.A.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 13, 1995

SUSAN J. SHIPLEY, ESQUIRE
CUSHING & DOLAN, P.C.
27 SCHOOL STREET, SUITE 404
BOSTON, MA 02108-4303

SUBJECT: FRANKLIN S. DAVIS LIMITED PARTNERSHIP
Ref. Number: W95000018404

FILED
95 SEP 25 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRANKLIN S. DAVIS LIMITED PARTNERSHIP and check(s) totaling \$1750.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We need the additional \$35.00 for the designation of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 995A00042070

FILED
95 SEP 25 AM 11:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership"

3. Franklin S. Davis
(Name of Registered Agent for Service of Process)

5 (X) James S. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2015.

Specific address:

15870 Glenisle Way, Fort Meyers FL
33912

General Partner
FRANKLIN S. DAVIS

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED

95 SEP 25 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of

FRANKLIN S. DAVIS LIMITED PARTNERSHIP, a Florida Limited Partnership

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 \$ 3,000,000.00.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Franklin S. Davis
General Partner
FRANKLIN S. DAVIS

General Partner

General Partner

General Partner

General Partner

General Partner

This 9th day of August, 19 95.

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

A95000001428

LIMITED PARTNERSHIP
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra Northam

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 APR 18 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001428

Franklin S. Davis Limited Partnership

Mailing Address

Principal Office Address

15780 Glenisle Way, Fort Myers, FL 33912

2. New Mailing Address, If Applicable

Route, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Route, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
9-25-95

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
\$3,000,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
N/A

6. FEI Number
65-0608763

Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$4.75 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 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 \$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

Franklin S. Davis
15780 Glenisle Way
Fort Myers, FL 33912

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Route, 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)

Franklin S. Davis

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

15780 Glenisle Way

11b. City, State & Zip Code

Fort Myers FL 33912

11c. Registration/
Document Number

N/A

100001788871
-04/22/95--01058--015
****628.75 ****628.75

437.50
138.75
62.60 CC of 96 AF

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

12. I (s) 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)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicates I 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 in state empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Franklin S. Davis, General Partner

General Partner

DATE 12/6/95

Typed or Printed Name of General Partner Signing Form

Telephone Number 617-523-1555

CR2E003 (6/95)