

A95000001437
GOVERNMENT RECEIVABLES FACTORING, L.P.

June 6, 1995

500001591895
-09/22/95--01064-001
****148.75 ****148.75

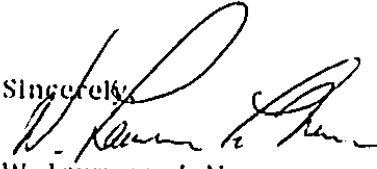
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Partnership Registration

To Whom It May Concern:

Please find enclosed the registration documents for GOVERNMENT RECEIVABLES FACTORING, L.P. Also enclosed is a check in the amount of \$148.75 covering fees for registration, registered agent and certified copy. The daytime contact person is W. L. LeNeve at (407) 832-0222. Please send the acknowledgement to the below address.

Sincerely,


W. Lawrence LeNeve

P.O. Box 2673

Palm Beach, FL

33480

WLN/ss
encl. (2)

cc - Cus

9/26/95aw

FILED
1995 SEP 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF:

A95000001437

FILED
1995 SEP 22 AM 9 52
TALLAHASSEE, FLORIDA

NAME:

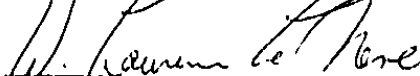
GOVERNMENT RECEIVABLES FACTORING, LIMITED PARTNERSHIP

BUSINESS ADDRESS:

350 SOUTH COUNTY RD, SUITE 203 PALM BEACH, FLORIDA 33480

AGENT:

W. LAWRENCE Le NEVE
350 SOUTH COUNTY RD, SUITE 203
PALM BEACH, FLORIDA 33480



W. LAWRENCE Le NEVE

MAILING ADDRESS OF LIMITED PARTNERSHIP

SEE BUSINESS ADDRESS

LATEST LIMITED PARTNERSHIP DISSOLUTION DATE:

JUNE 1, 2035

NAME OF GENERAL PARTNER:

PARTNERSHIP MANAGEMENT SERVICES, INC.
350 SOUTH COUNTY RD, SUITE 203
PALM BEACH, FLORIDA 33480

SIGNED THIS 1ST DAY OF JUNE 1995



W. LAWRENCE Le NEVE

FILED
BSS SEP 22 AM 9 52
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of GOVERNMENT RECEIVABLES FACTORING LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

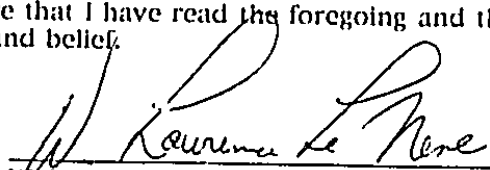
The amount of capital contributions to date of the limited partners are \$1000.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$1000.

This 1th day of JUNE, 1995

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


W. LAWRENCE Le NEVE, PRESIDENT
PARTNERSHIP MANAGEMENT SERVICES, INC.
General Partner

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tampa, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP -6 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of the Partnership

1a. DOCUMENT #
A95000001437

GOVERNMENT RECEIVABLES FACTORING, LIMITED PARTNE
RSHIP

2. How Mailing Address, if Applicable

Mailing Address:
350 SOUTH COUNTY RD.
STE. 203
PALM BEACH FL 33400

Principal Office Address

350 SOUTH COUNTY RD.
STE. 203
PALM BEACH FL 33400

3. Date, Apt. #, etc.

#202

City, State & Zip

2a. How Principal Office Address, if Applicable

3. Date, Apt. #, etc.

City, State & Zip

3. Date Located or Registered in the Business, in
FLORIDA 09/22/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on the Report
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FIC Number
65-0593105

Applied For

Not Application

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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 PAID TO THE SECRETARY OF STATE, 100001944301, 09/11/96--01028--015, \$552.50. 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.

MAKES CHECK PAYABLE TO FLORIDA DEPT. OF STATE

+ 500.00 = 552.50

9. Name and Address of Current Registered Agent

LE NEVE, W. LAWRENCE
350 SOUTH COUNTY RD.
SUITE 203
PALM BEACH FL 33480

10. If changed, new Registered Agent/Office

Name

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

City, State & Zip

City

100001944301

-09/11/96--01028--015

****147.50 ****147.50

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 is 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)

W. Lawrence LeNeve

DATE

7-30-96

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
(Do Not Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PARTNERSHIP MANAGEMENT SERVI

350 SOUTH COUNTY RD.,

PALM BEACH FL 33480

P9500006880

100001944301

-09/11/96--01028--014

****552.50 ****552.50

REINSTATEMENT

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ans

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 supplied on this form 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 it may incur as a result of the information supplied, in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this form is true and correct, and that the partnership shall have a principal office in the State of Florida. I am a General Partner of the limited partnership, receiver or trustee of the partnership, and I am not a partner in any other partnership, receiver or trustee of the partnership.

SIGNATURE

W. Lawrence LeNeve

DATE

7-30-96

Typed or Printed Name of General Partner Signing Form

W. Lawrence LeNeve, Pres

Telephone Number

561-833-7449