

A95000001463

DOUMAN, CURTIN, CROSS, LAYSTROM & PERLOFF

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

RAYMOND A. DOUMAN, P.A.
CHARLES L. CURTIS, P.A.
WILLIAM S. CROSS, P.A.
C. WILLIAM LAYSTROM, JR., P.A.
JOHN W. PERLOFF, P.A.

477 BOUTHEAST THIRD AVENUE
PORT LAUDERDALE, FLORIDA 33055-1107
BROWARD (954) 525-3441
MIAMI (305) 045-3172
TELEFAX (954) 525-3423

E. SCOTT ALLSWORTH, P.A.
JOHN D. VOIGT, P.A.
JEFFREY B. WACHS, P.A.
MARK E. ALLSWORTH, P.A.
STUART J. MACIVER, P.A.
RUBEN L. FORKEY, P.A.

PALEO ADMITTED IN MICHIGAN

BOARD CERTIFIED REAL ESTATE LAWYER

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

PALEO ADMITTED IN PENNSYLVANIA

September 22, 1995

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

Re: THE GILLMAN FAMILY
LIMITED PARTNERSHIP

Gentlemen:

Enclosed please find the Certificate of Limited Partnership of The Gillman Family Limited Partnership, Acceptance of Appointment as Registered Agent and Affidavit of Capital Contributions.

In addition, also enclosed is our check in the amount of \$140.00 which is comprised of:

A. \$87.50 - registration of registered agent and filing fee for \$5,000 of contributions; and

B. \$52.50 - certified copy of Certificate of Limited Partnership;

A self addressed stamped envelope is also enclosed for your convenience in returning the certified copy of the Certificate of Limited Partnership.

If any additional information is required, please do not hesitate to contact me. Thank you for your courtesies extended in this matter.

Very truly yours,

Jeff S. Wachs
Jeffrey S. Wachs
For the Firm

JSW:lb
Enclosures

FILED
95 SEP 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OK

THE GILLMAN FAMILY LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE GILLMAN FAMILY LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership. THE GILLMAN FAMILY
LIMITED PARTNERSHIP

2. The address of the office of the Partnership is

214 Azalea Street
Tavernier, FL 33070

3. Name and addresses of the agent for the service of process on the Partnership is.

JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

4. Name and business address of the General Partner is.

RONALD C. GILLMAN
214 Azalea Street
Tavernier, FL 33070

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 SEP 28 PM 3:05

FILED

5. Mailing address of the Partnership is.

THE GILLMAN FAMILY LIMITED
PARTNERSHIP
c/o Ronald C. Gillman,
General Partner
P.O. Box 2790
Key Largo, FL 33037

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2020.

FILED
95 DEC 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The execution of this Certificate by the undersigned General
Partner constitutes an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE GILLMAN FAMILY LIMITED
PARTNERSHIP, this 11 day of December, 1995.

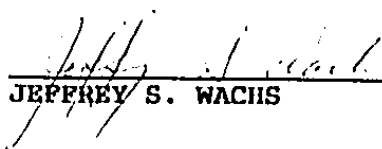
GENERAL PARTNER:


RONALD C. GILLMAN

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE GILLMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnorship"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

FILED
95 SEP 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared RONALD C. GILLMAN, the General Partner of THE GILLMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated contributed by additional Limited Partners is as follows:

NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under 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.

DATED this 14th day of September, 1995.



RONALD C. GILLMAN

FILED
95-SEP 28 1995
STATE
TALLAHASSEE
FLORIDA

STATE OF FLORIDA)
COUNTY OF MONROE) SS:

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by RONALD C. GILLMAN, President and who appeared personally before
me and took an oath, who is personally known to me or who produced
his _____ as identification,
on this 14th day of September, 1995.

Lisa D. Belenson
Notary Public, State of Florida
Print Name: Lisa D. Belenson
My Commission Number: CC 399213
My Commission Expires: 8/10/98



LISA D. BELENSON
COMMISSION # CC 399213
EXPIRES AUG 10, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 SEP 28 PM 3:05

FILED

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
TALLAHASSEE, FLORIDA
32399-0001
TELEPHONE (904) 493-1000

FILED

95 DEC 27 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name

In. DOCUMENT #
A95000001463

THE GILLMAN FAMILY LIMITED PARTNERSHIP

Main Office Address

Corporate Office Address

214 Azalea Street
Tavenier, Florida 33070

Holder of this document is subject to any and all applicable provisions of the Florida Statutes, Chapter 620, and the Florida Department of State, Tallahassee, Florida 32399-0001.

3. Date of Partnership Agreement (Florida) 9/28/95
3a. Date of Last Report N/A
4. State of Incorporation of Partnership Florida

5a. Capital Contribution (Florida) \$5,000
5b. Amount of Capital Contribution (Florida) \$5,000
6. Filing Fee applied for

X Applied Fee
Not Applicable

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 (an 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).
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

1-5

9. Name and Address of Current Registered Agent

Jeffrey S. Wachs, Esq.
c/o Doumar, Curtis, Cross, Laystrom
& Perloff
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

10. If a partnership, Registered Agent Office

Name
Street Address (if different from 9. Not Applicable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.107, 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 620.107, Florida Statutes.

SIGNATURE (Required 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. Name(s) 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
Ronald C. Gillman	214 Azalea Street	Tavenier, FL 33070	

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 with this registration statement is true and correct to the best of my knowledge and belief, and that I am a general partner in the partnership. I understand that the information supplied is subject to audit by the Department of State, and that I am liable for the accuracy of the information supplied. I understand that the information supplied is subject to audit by the Department of State, and that I am liable for the accuracy of the information supplied.

SIGNATURE

Ronald C. Gillman

DATE 12/15/95

Typed or Printed Name of General Partner Signing Form

Ronald C. Gillman

Telephone Number (305) 248-7430

CR2E003 (6/95)