

1200 HAYS STREET  
ORLANDO, FL 32801  
800-342-8086  
**A95000001555**

**CSC networks**  
PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

95 OCT 16 11:17 AM '95

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 OCT 16 PM 1:17

ACCOUNT NO. : 072100000032

REFERENCE : 709239 3273E

AUTHORIZATION : *Patricia Pizots*

COST LIMIT : \$ 87.50

ORDER DATE : October 16, 1995

ORDER TIME : 9:04 AM

ORDER NO. : 709239

CUSTOMER NO: 3273E

CUSTOMER: Karen Bohn, Legal Assistant  
BAKER & HOSTETLER

400001611654

2300 Sun Bank Ctr., Box 112  
200 South Orange Avenue  
Orlando, FL 32802

DOMESTIC FILING

NAME: NEW SUITE HOTEL & RESORT ON  
LAKE CECILE, LTD.

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

10/16/95  
*B/K*

## **CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.101 of the Florida Statutes and the applicable Laws of the state of Florida, certify as follows:

1. NAME OF LIMITED PARTNERSHIP. The name of the Limited Partnership is

**NEW SUITE HOTEL & RESORT ON LAKE CECILE, LTD.**

2. OFFICE FOR MAINTENANCE OF BUSINESS RECORDS. The address of the office at which the records of the Limited Partnership will be kept, as required by Florida Statutes, is:

**9229 Hidden Bay Lane, Orlando, Florida 32819.**

3. AGENT FOR SERVICE OF PROCESS. The name and address of the registered agent for service and process in Florida is :

**John Scott Nadd  
4786 West Irio Bronson Memorial Highway,  
Kissimmee, Florida 34746.**

4. GENERAL PARTNER. The name and business address of the sole General Partner is:

**Upsala Florida Corp.Inc., a Florida Corporation, 9229  
Hidden Bay Lane, Orlando, Florida 32819.**

*F70 210*

5. ADDRESS OF PARTNERSHIP: The mailing address of the Limited Partnership is:

**9229 Hidden Bay Lane, Orlando, Florida 32819.**

6. DATE OF DISSOLUTION: The latest date on which the Limited Partnership is to dissolve is: December 31, 2044.

DATED: October 10 1995

UPSALA FLORIDA CORP.Inc., General Partner

BY *John Scott Nadd*  
President

## **ACCEPTANCE OF REGISTERED AGENT**

   HAVING BEEN NAMED as registered agent for **NEW SUITE HOTEL & RESORT ON LAKE CECILE, LTD.** in the foregoing Certificate of Limited partnership, the undersigned accepts such designation and shall maintain such registered office at the address set forth above and perform the duties of registered agent in accordance with the Laws of the State of Florida.

*John Scott Nadd*

**JOHN SCOTT NADD  
4786 West Irio Bronson Memorial Highway  
Kissimmee, Florida 34746**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 PM 1:17

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA )  
 )  
COUNTY OF ORANGE )

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 16 PM 1:17

BEFORE ME, the undersigned personally appeared JOHN SCOTT NADD, as President of Upsala Florida Corp. Inc., a Florida corporation, constituting the sole general partner of NEW SUITE HOTEL & RESORT ON LAKE CECILE, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by each limited partner are as follows:

John Scott Nadd	\$1,000.00
Ann Brocklebank, LLC	\$2,000.00

2. The amount of additional capital contributions anticipated to be contributed by each limited partner are as follows:

None

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: October 13<sup>th</sup>, 1995.

UPSALA FLORIDA CORP. INC.

By: John Scott Nadd  
John Scott Nadd, President

SWORN TO AND SUBSCRIBED before me this 13<sup>th</sup> day of October, 1995, by John Scott Nadd, President, who is personally known to me or has produced Florida Drivers License #N300477-32-247-0 as identification.



PAIGE R. FAIRLEY  
My Commission CC430429  
Expires Dec 28, 1998  
Bonded by HAI  
800-482-1856

Paige R. Fairley  
(Notary Signature)  
Paige R. Fairley  
(Notary Name Printed)  
NOTARY PUBLIC  
Commission No. CC430429

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 FEB -9 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001555**

**NEW SUITE HOTEL & RESORT ON LAKE CECILE, LTD.**

Mailing Address

**9229 HIDDEN BAY LANE  
ORLANDO FL 32819**

Principal Office Address

**9229 HIDDEN BAY LANE  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

2. New Mailing Address, If Applicable

**3888881713843**

Suite, Apt. #, etc.

**-02/13/96--01105--020**

City, State & Zip

**\*\*\*200.00 \*\*\*200.00**

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
**FLORIDA 10/16/1995**

3a. Date of Last Report

4. State or Country of Formation

**FL**

5a. Capital Contributions as Shown  
on Record

**\$3,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number



Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☒ A statement of status required  
by the state of Florida

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.

*2-9*

9. Name and Address of Current Registered Agent

**NADD, JOHN S  
4786 WEST IRL BRONSON MEMORIAL HIGHWAY  
KISSIMEE FL 34746**

10. If changed, new Registered Agent/Office

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 620.192, 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 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 620.192, 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. Name(s) of General Partner(s)

**UPSALA FLORIDA CORP., INC.**

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

**9229 HIDDEN BAY LANE**

11b. City, State & Zip Code

**ORLANDO FL 32819**

11c. Registration/  
Document Number

**F70210**

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 UPSALA Florida Corp. Inc. John Scott Nadd, President DATE 2/4/1996

Typed or Printed Name of General Partner Signing Form

Telephone Number

Cr2E003 (1/95)