

# A95000001583

*Arnold J. Goldstein, Ph. D.*

ATTORNEY-AT-LAW\*

360 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442  
TEL. (305) 480-8933 • FAX. (305) 480-8906

\*Admitted Massachusetts  
and Federal Bar.

Massachusetts office:  
161 Worcester Road  
Framingham, MA 01701  
(508) 626-1500

October 18, 1995

600001615266  
-10/19/95--01057--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Secretary of State  
Business Filing Division  
409 E. Gaines St.  
Tallahassee, FL 32399

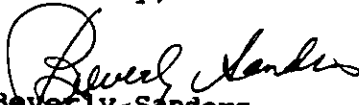
Dear Sir/Madam:

Enclosed is a check for \$87.50 to cover the filing fees  
following limited partnership:

BENOIT FAMILY Limited Partnership

Please return completed forms to the address above.

Sincerely,

  
Beverly Sanders  
Manager

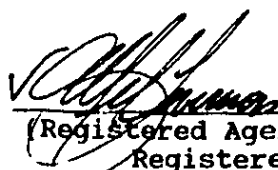
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TALLAHASSEE, FLORIDA

Name	10/23/95
Availability	DCC
Document Examiner	
Updater	
Underwriter	
Verifier	DCC
Adm. no. judgement	DCC
W. P. Verifier	DCC

A95000001583

TC  
\$1,000.00

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
BENOIT FAMILY LIMITED PARTNERSHIP

1. BENOIT FAMILY LIMITED PARTNERSHIP  
(Name of Limited Partnership: must contain a suffix such as  
"Limited", "Ltd.", or "Limited Partnership")
2. 4000 NE 29 Ave., Fort Lauderdale, Fl 33308  
(The Business Address of Limited Partnership)
3. Melbourne J. Livernois  
(Name of Registered Agent for Service of Process)
4. 4000 NE 29th Ave., Fort Lauderdale, Fl 33308  
(Florida street address)
5.   
(Registered Agent must sign here to accept designation as  
Registered Agent for Service of Process.)
6. 4000 NE 29th Ave., Fort Lauderdale, Fl 33308  
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be  
dissolved is December 31, 2060.

8.	NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
	Melbourne J. Livernois	4000 NE 29th Ave. Fort Lauderdale, Fl 33308
	Linda M. Livernois	4000 NE 29th Ave. Fort Lauderdale, Fl 33308

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Benoit Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

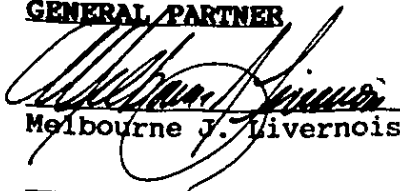
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 12 day of OCTOBER, 1995.

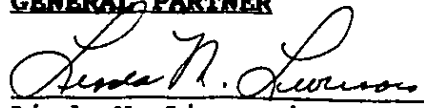
FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER

  
Melbourne J. Livernois

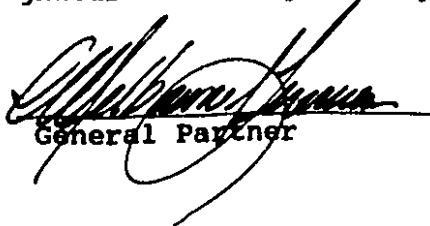
GENERAL PARTNER

  
Linda M. Livernois

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1995 OCT 19 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 12 day of OCTOBER, 1995.

Signature of all general partners:

  
General Partner

\_\_\_\_\_  
General Partner

  
General Partner

\_\_\_\_\_  
General Partner

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Sandra Norham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN -2 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

Benoit Family  
Limited Partnership

1a. DOCUMENT #

A9500001583

Mailing Address

Principal Office Address

4000 NE 29 AVE  
FT. LAUDERDALE, FL 33308

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  
OCT 23, 1995

3a. Date of Last Report

N/A

4. State or Country of Formation

FL.

5a. Capital Contributions as Shown

Record  
\$1000.00

5b. Amount of Capital Contributions in

FLORIDA to date  
\$1000.00

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 607.103, 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

MELBOURNE J. LIVERNOIS  
4000 NE 29 AVE  
FT LAUDERDALE, FL 33308

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)

MELBOURNE J. LIVERNOIS

LINDA M LIVERNOIS

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

4000 NE 29 AVE

4000 NE 29 AVE

11b. City, State & Zip Code

FT LAUDERDALE, FL 33308

FT LAUDERDALE, FL 33308

11c. Registration/  
Document Number

A9500001583

A9500001583

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 effect 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

Melbourne J. Livernois  
Linda M. Livernois

DATE

12/22/95

Typed or Printed Name of General Partner Signer

MELBOURNE J. LIVERNOIS, LINDA M LIVERNOIS

Telephone Number

305-563-7719

CR2E003 (6/95)

A95000001583

3/03/97 3:35 PM  
NUM: A95000001583 STATE ACCT/FEI# EP  
ACT CONT: 1,000.00 FEI#: APPLIED FOR  
NAME : BENOIT FAMILY LIMITED PARTNERSHIP  
PRINCIPAL: 4000 NE 29 AVE.  
ADDRESS FORT LAUDERDALE, FL 33308  
RA NAME : LIVERNOIS, MELBOURNE J  
RA ADDR : 4000 NE 29TH AVE  
FT LAUDERDALE, FL 33308 US  
ANN REP :

(1996) I 01/02/96

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR 28 AM 8:42

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-03/31/97--01117-019  
\*\*\*\*553.57 \*\*\*\*221.41

A95-1583

Name	983-28
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Updater Verifier	
Acknowledgment	
W. P. Verifier	



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

January 9, 1997

**BENOIT FAMILY LIMITED PARTNERSHIP**  
**4000 NE 29 AVE.**  
**FORT LAUDERDALE, FL 33308**

**SUBJECT: BENOIT FAMILY LIMITED PARTNERSHIP**  
**Ref. Number: A95000001583**

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Chapter 620, Florida Statutes, requires a supplemental affidavit to be filed pursuant to section 620.108 or 620.169, Florida Statutes, any time the actual contributions of the limited partners exceed the anticipated amount of capital contributions on file with this office.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

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DIVISION OF CORPORATIONS  
97 MAR 28 AM 8:42



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**February 13, 1997**

**BENOIT FAMILY LIMITED PARTNERSHIP**  
**4000 NE 29 AVE.**  
**FORT LAUDERDALE, FL 33308**

**SUBJECT: BENOIT FAMILY LIMITED PARTNERSHIP**  
**Ref. Number: A95000001583**

**We have received your document for BENOIT FAMILY LIMITED PARTNERSHIP and check(s) totaling \$367.16. However, your check(s) and document are being returned for the following:**

**The fee to file the supplemental affidavit is ~~\$221.41~~ and the fee to file the annual report is ~~\$332.16~~. The total fee due for both filings is ~~\$553.57~~. Please return the supplemental affidavit and the annual report together with the appropriate fee.**

**Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.**

**If you have any questions concerning the filing of your document, please call (904) 487-6051.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**97 MAR 28 AM 8:42**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

March 3, 1997

**BENOIT FAMILY LIMITED PARTNERSHIP**  
**4000 NE 29 AVE.**  
**FORT LAUDERDALE, FL 33308**

**SUBJECT: BENOIT FAMILY LIMITED PARTNERSHIP**  
**Ref. Number: A95000001583**

We have received your document for BENOIT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$553.57. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the supplemental affidavit is \$228.41 and the fee to file the annual report is \$332.16. The total fee due for both filings is ~~\$560.57~~. Please return the supplemental affidavit and the annual report together with the appropriate fee.

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) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 597A00010901

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DIVISION OF CORPORATIONS  
97 MAR 28 AM 8:42



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

BENNETT FAMILY LIMITED PARTNERSHIP

\_\_\_\_\_, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 32650.31

This 29 day of JANUARY, 19 97

**FURTHER AFFIANT SAYETH NOT.**

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

General Partner(s)

*[Signature]*  
*[Signature]*

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE20(3/95)

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DIVISION OF CORPORATIONS  
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