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ATTORNEYS AT LAW

JOHN K. COPELAND
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POST OFFICE BOX 421
STUART, FLORIDA 34995

STUART (407) 288-0048
FAX (407) 288-0049

October 11, 1995

Secretary of State
Division of Corporations
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Re: ~~21st Century~~ Investments, Ltd.

000001611280
-10/27/95--01026--005
*****8.75 *****8.75

000001611280
-10/16/95--01008--004
****140.00 ****140.00

Gentlemen:

Enclosed is an original and one copy of the Certificate of Limited Partnership of 21st Century Investments, Ltd., an Affidavit of Capital Contributions and a check in the amount of \$140.00 payable to the State of Florida. Kindly accept the enclosed for filing.

Please return a certified copy of the Certificate of Limited Partnership and a certified copy of the Affidavit of Capital Contribution to the undersigned at your convenience.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call.

Sincerely,

James Sopko
JS/sll

[bua\hainfield\lr-state.hd]

W95000020680
789, 519, 656, 671

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 3:07

hjk

10/24/95

CERTIFICATE OF LIMITED PARTNERSHIPFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 3:07

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. **Name of Limited Partnership**

The name of the Limited Partnership is **Floridian Investments, 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 Section 620.106 of the Florida Statutes is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

3. **Agent for Service of Process**

The name and address of the Partnership's agent for service of process in Florida is **Marc Haisfield, 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

4. **General Partners**

pg 2000008122
The name and business address of the General Partner in the Limited Partnership is **Blue Chip Realty, Inc., a Florida Corporation, located at 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

5. **Address of Partnership**

The mailing address of the Limited Partnership is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

6. **Date of Dissolution**

The latest date in which the Limited Partnership is to dissolve is **December 31, 2050.**

7. **Effective Date**

This certificate will become effective, and the Limited Partnership will be formed, upon filing with the Secretary of State.

Dated: October 23rd, 1995

Stuart, Florida

General Partner:
Blue Chip Realty, Inc.

By: 

Randy Haisfield
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 26 PM 3:07

ACCEPTANCE OF AGENT FOR SERVICE OF PROCESS

Having been named to accept service of process for the above-stated limited partnership, FLORIDIAN INVESTMENTS, LTD., I hereby agree to act in that capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 23rd day of October, 1995.



Marc Haisfield
Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the President of **Blue Chip Realty, Inc.**, a Florida corporation, the sole general partner of **Floridian Investments, Ltd.**, a Florida Limited Partnership (the "Partnership"), declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The original Limited Partners have made a capital contribution in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Tammy Haisfield	\$1912.50
Marc Haisfield	1912.50
Lisa Haisfield	1800.00
Randy Haisfield	1800.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 3:08

2. No additional limited partner contributions are anticipated at this time.

Dated: October 24, 1995

Stuart, Florida

General Partner
Blue Chip Realty, Inc.
a Florida Corporation

By: [Signature]
Randy Haisfield, Vice President

STATE OF FLORIDA
COUNTY OF MARTIN

On this 24 day of October, 1995, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments, personally appeared Randy Haisfield, the President of Blue Chip Realty, Inc., a Florida Corporation, the General Partner of Floridian Investments, Ltd., a Florida Limited Partnership, who is [☒] personally known to me or [] who provided his _____ as identification, and who is the person whose name is subscribed to the within instrument and who acknowledged that he executed the same on behalf of the General Partner of the Partnership.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



LAURIE RUSK SEWELL
MY COMMISSION EXPIRES
May 4, 1994

BONDED THRU NOTARY PUBLIC UNDERWRITERS

I am a Notary Public of the State of Florida
having a commission number of CC _____
and my commission expires: _____.

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 26 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001599

FLORIDIAN INVESTMENTS, LTD.

2. New Mailing Address, If Applicable

Principal Office Address

735 Colorado Avenue
Suite 6
Stuart, Florida 34994

Suite, Apt. #, etc.

City, State & Zip

600001677816

2a. New Principal Office Address, If Applicable

01704735-01017-017

01704735-01017-017

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA
10/24/95

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Return
\$7,425.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$7,425.00

6. FEI Number
65-0612420

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 607.193, 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

10. If changed: new Registered Agent/Office

Marc Haisfield
735 Colorado Avenue, Suite 6
Stuart, Florida 34995

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

Blue Chip Realty, Inc.

735 Colorado Avenue Stuart, FL 34994

99200008122

CR2E003(6/95)

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

DATE

12/21/95

Typed or Printed Name of General Partner Signing Form

Telephone Number