

A95000001613

Requestor's Name

Address

City/State/Zip

Phone #

140.00

800001621148

-10/26/95--01045--024

***332.50 ***140.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. B H T B., LTD
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 26 PM 12:46

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

~~52.50~~
\$7.50 LP
52.50 CAPS

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

BK
10/26/95

CERTIFICATE OF LIMITED PARTNERSHIP OF

1. BHTB, LTD
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 430 11th Avenue Indiantia FL 32903
(Business address of Limited Partnership)
3. RONALD J WILLIAMS
(Name of Registered Agent for Service of Process)
4. 430 11th Avenue Indiantia FL 32903
(Florida street address for Registered Agent)
5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 430 11th Avenue Indiantia FL 32903
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is Dec 31, 2025

8. Name of general partner(s):

Specific address:

Orion Entertainment LLC 430 11th Ave NE Indiantia FL

Signed this 26 day of October, 19 95.
Signature of all general partners:

[Signature] President of Orion Entertainment LLC
General Partner General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 26 PM 12:46

The undersigned constituting all of the general partners of

BHTB, LTD, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 0.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Dean D J Williams
General Partner

General Partner

President of Dean Williams LLC
General Partner

General Partner

General Partner

General Partner

This 26 day of October, 19 95.

A95000001613

OFFICE USE ONLY (Document #)

BHTB, LTD.
(Requester's Name)
430 11th Avenue West
(Address)
Indianapolis, IN 32903
(City, State, Zip) (Phone #)

FILED
96 FEB 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BHTB, LTD. A95000001613
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

2000001713717
-02/13/96--01096--022
****280.00 ****280.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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☐	Other

FF-\$ 280.00

2/12/96 aw



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

BHTB, LTD

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: \$ 40,000⁰⁰

This 2ND day of February, 19 96

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)

Ronald J Williams

FEES:

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

96 FEB 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

A95000001613

FILED

96 FEB 12 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership
BHTB, Ltd.

1a. DOCUMENT #
A95000001613

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

900001713859

Suite, Apt. #, etc. **-02/13/96--01105--023**

City, State & Zip ******140.00 ****140.00**

2a. New Principal Office Address, If Applicable

900001713859

Suite, Apt. #, etc. **-02/13/96--01105--024**

City, State & Zip ******278.75 ****278.75**

Mailing Address

Principal Office Address

**430 11th Avenue West
Indialantic, Florida
32903**

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
October 26, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
\$ 20,000.00 (QW)

5b. Amount of Capital Contributions in
FLORIDA to date
\$ 40,000.00

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 607.193, 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.

**\$140.00
278.75 > 418.75**

789,716,795,524,1069

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**Ronald J. Williams
General Partner of Ocean Entertainment LLC
430 11th Avenue West
Indialantic, Florida 32903**

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 **12-28-95**

**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

**Ocean Entertainment LLC
D/B/A BHTB, LLC**

430 11th Avenue West

Indialantic, FL 32903

M95000000314

**Ocean Entertainment LLC
GENERAL PARTNERS ARE:**

707 East Main Street

Richmond, Va. 23219

95-10-23-4022

Andrew J. Brown

11855 Marce Court

Lusby, Md. 20657

\$ 280.00 - AR

William W. Brown

8639 Saddle Creek Ln.

Berlin, Md. 21811

\$ 138.75 - SF

Danell L. Price

6921 Bond Street

St. Leonard, Md 20685

Ronald J. Williams

609 Jasmine Drive

Indialantic, FL 32903

= 2/12/96 QW

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 file this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE **12-28-95**

Typed or Printed Name of General Partner Signing Form

Ronald J. Williams

Telephone Number **427-724 1195**

CR2003 (6/95)