

A95000001629

BRANT, MOORE, MACDONALD & WELLS, P. A.

ATTORNEYS AND COUNSELLORS
SUITE 3100-BARNETT CENTER
50 NORTH LAURA STREET
JACKSONVILLE, FLORIDA
32202

WILLIAM P. BRANT
TERRY A. MOORE
JOHN B. MACDONALD
S. GRIER WELLS
SCOTT L. GLAZIER
THOMAS M. REITER
DAVID T. ABRAHAM
STEPHEN G. FROM
JAN D. MCCORMICK

JEFFREY R. LUDWIG
JOHN I. FISHBURNE, III
DONALD E. TESIERO, II
LEONARDO J. MAIMAN
WILLIAM L. FINDER
FRANK M. TALBOT, II
AL L. SCHNEIDER
OF COUNSEL

TELEPHONE (904) 353-3100
TELEFAX (904) 353-1166

MAILING ADDRESS:
POST OFFICE BOX 4546
JACKSONVILLE, FLORIDA
32201-4546

October 24, 1995

Corporate Division
Department of State
George Firestone Building
Post Office Box 6327
Tallahassee, Florida 32314

900001621839
-10/27/95--01001--028
****140.00 ****140.00

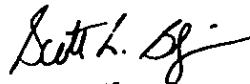
Re: Amelia Trace ACLF, Ltd.

Dear S.r/Madam:

Enclosed please find an original Certificate of Limited Partnership of Amelia Trace ACLF, Ltd. We have also enclosed our client's check in the amount of \$140.00 to cover the cost of filing fee (\$52.50), certified copy fee (\$52.50) and registered agent fee (\$35.00). We would appreciate your filing the Certificate of Limited Partnership immediately upon receipt and returning a certified copy of the filing to our office.

If you have any questions, please do not hesitate to call

Very truly yours,



Scott L. Glazier

FILED
1995 OCT 26 AM 11:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Name	SLG/clw
Availability	Enclosures
Document Examiner	
Disposer	
Thinner	
Verifier	
Adm. to the post	
W. P. Verifier	DLU

TC
\$1,000.00

A95000001629

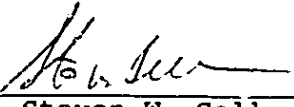
CERTIFICATE OF LIMITED PARTNERSHIP
OF AMELIA TRACE ACLF, LTD.

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986) hereby certifies:

1. The name of the limited partnership is Amelia Trace ACLF, Ltd. (the "Partnership").
2. The location of the principal place of business of the Partnership is 2317 Blanding Boulevard, Suite 3, Jacksonville, Florida 32210, or at such other place as the general partner may designate.
3. The street address of the registered office of the Partnership is 2317 Blanding Boulevard, Suite 3, Jacksonville, Florida 32210, and the name of the registered agent of the Partnership at that address is Steven W. Sell. FILED
1995 OCT 18 11:57 AM
CLERK OF COURT
JACKSONVILLE, FLORIDA
4. The name and the business address of the sole general partner of the Partnership is Active Care, Inc., 2317 Blanding Boulevard, Suite 3, Jacksonville, Florida 32210, a Florida corporation. P94000066828
5. The mailing address of the Partnership is 2317 Blanding Boulevard, Suite 3, Jacksonville, Florida 32210.
6. The Partnership shall commence on the date of filing hereof and the latest date upon which the Partnership will dissolve is October 1, 2035.

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 24 day of October, 1995.

ACTIVE CARE, INC.

By: 
Steven W. Sell
Its President

General Partner

STATE OF FLORIDA
COUNTY OF DUVAL

This instrument was acknowledged before me this 24th day of October, 1995, by Steven W. Sell, as President of Active Care, Inc., a Florida corporation, as general partner of Amelia Trace ACLF, Ltd., a limited partnership, on behalf of said partnership, who is personally known to me or who has produced FL drivers license as identification.



Carol L. Wright

Notary Public
State of Florida at Large
My Commission Expires
Commission No.:

Registered Agent's Acceptance

The undersigned, having been named to accept service of process for the above-named limited partnership at the place designated in this Certificate, hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act (1986) relative to the keeping of said office and the proper and complete performance of his duties.

Dated: October 24, 1995

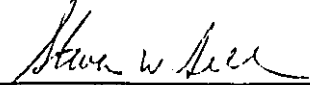
Steven W. Sell
Steven W. Sell

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF AMELIA TRACE ACLF, LTD.

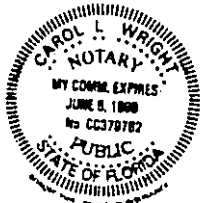
Before me, the undersigned authority, personally appeared Steven W. Sell, President of Active Care, Inc., a Florida corporation, who being by me first duly sworn, deposes and says:

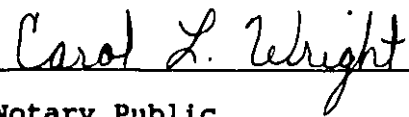
1. That Active Care, Inc. is the sole general partner of Amelia Trace ACLF, Ltd., a Florida limited partnership (the "Partnership").
2. The limited partners have made no capital contributions to the Partnership as of the date hereof.
3. It is anticipated that the limited partners may contribute up to \$1,000.00 of capital to the Partnership.


Steven W. Sell, President
Active Care, Inc.

STATE OF FLORIDA
COUNTY OF DUVAL

This instrument was acknowledged before me this 29th day of October, 1995, by Steven W. Sell, as President of Active Care, Inc., a Florida corporation, as general partner of Amelia Trace ACLF, Ltd., a limited partnership, on behalf of said partnership, who is personally known to me or who has produced FL Drivers License as identification.




Notary Public
State of Florida at Large
My Commission Expires: _____
Commission No.: _____

72306.1

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 APR -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001629

AMELIA TRACE ACLF, LTD.

Mailing Address

**2317 BLANDING BOULEVARD, SUITE 3
JACKSONVILLE FL 32210**

Principal Office Address

**2317 BLANDING BOULEVARD, SUITE 3
JACKSONVILLE FL 32210**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

**40000 1772244
-04/08/95--01042--021**

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

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
10/26/1995

3a. Date of Last Report

4. State or Country of Formation
FL

City, State & Zip

5a. Capital Contributions as Shown
on Record
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☐ \$47.50 Additional Fee required
for a Certificate of Status

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

**SELL, STEVEN W
2317 BLANDING BOULEVARD, SUITE 3
JACKSONVILLE FL 32210**

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

ACTIVE CARE, INC.

2317 BLANDING BOULEVA

JACKSONVILLE FL 32210

P94000006638

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

Steven W. Sell *President Active Care Inc*

DATE

2-10-96

Typed or Printed Name of General Partner Signing Form

STEVEN W. SELL

Telephone Number

904 3848368

CR2E003 (11/95)

A9500001629

BRANT, MOORE, MACDONALD & WELLS, P.A.

ATTORNEYS AND COUNSELLORS
SUITE 3100-BARNETT CENTER
10 NORTH LAURA STREET
JACKSONVILLE, FLORIDA
32202

WILLIAM P. BRANT
TERRY A. MOORE
JOHN B. MACDONALD
B. GAIR WELLS
SCOTT L. GLAZIER
THOMAS M. REITER
DAVID T. ABRAHAM
STEPHEN G. FROM
JAN D. MCCORMICK

JEFFREY R. LUDWIG
JOHN I. FISHBURNE, III
DONALD E. TESIERO, II
LEONARDO J. MAINAN
WILLIAM L. FINGER
FRANK M. TALBOT, II
BENJAMIN C. PARGMAN
AL L. SCHNEIDER
OF COUNSEL

TELEPHONE (904) 353-3100
TELEFAX (904) 353-1166

MAILING ADDRESS:
POST OFFICE BOX 4848
JACKSONVILLE, FLORIDA
32201-4848

May 22, 1996

Corporate Division
Department of State
George Firestone Building
P. O. Box 6327
Tallahassee, Florida 32314

Re: Amelia Trace ACLF, Ltd.
Document No.: A95000001629

700001839397
-05/24/96--01118--001
***1750.00 ***1750.00

700001839397
-05/24/96--01118--002
*****52.50 *****52.50

Dear Sir/Madam: ✓

Enclosed please find one original and one copy of Supplemental Affidavit of Capital Contributions of Amelia Trace ACLF, Ltd. We have also enclosed a check in the amount of \$1,750 to cover the cost of the filing fee and our firm check in the amount of \$52.50 to cover the cost of obtaining a certified copy. We would appreciate your filing the Affidavit immediately upon receipt and return a certified copy of the filing to our office. ✓

If you have any questions, please do not hesitate to call.

Very truly yours,

Scott L. Glazier
Scott L. Glazier

T.C. \$500,000.00

Enclosures	N/A
Document Examiner	✓
Updater	✓
Updater	✓
Verifier	✓
Acknowledge on	✓
W. P. Verifier	✓

S.A. ✓
W. P. ✓
5/29

FILING 1750.00
C. COPY 52.50
R. AGENT
TOTAL 1802.50
BALANCE DUE \$
REFUND \$

FILED
MAY 24 AM 11:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF DUVAL

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF AMELIA TRACE ACLF, LTD.**


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 24 AM 11:16

FILED

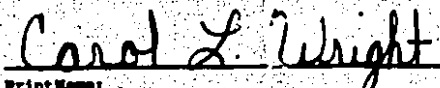
Before me, the undersigned authority, personally appeared Steven W. Sell, President of Active Care, Inc., a Florida corporation, who being by me first duly sworn, deposes and says that:

1. He is the President of Active Care, Inc.
2. Active Care, Inc. is the sole general partner of Amelia Trace ACLF, Ltd., a Florida limited partnership (the "Partnership").
3. The limited partners of the Partnership have made capital contributions to the Partnership as of the date hereof for the purpose of transacting business in this state.
4. The limited partners have contributed \$500,000 of capital to the Partnership.


Steven W. Sell

This instrument was acknowledged before me this 17th day of May, 1996, by STEVEN W. SELL, as President of Active Care, Inc., a Florida corporation, as general partner of Amelia Trace ACLF, Ltd., a limited partnership, on behalf of said Partnership, who is personally known to me or who has produced _____ as identification.




Print Name: _____
Notary Public
State of Florida at Large
My Commission Expires: _____
Commission No.: _____