

A95000001642

PETER WORKIN
ATTORNEY AT LAW
A PROFESSIONAL CORPORATION

2700 POST OAK BOULEVARD, SUITE 1530
HOUSTON, TEXAS 77056
TELEPHONE (713) 626-7800
FAX (713) 663-8338

October 19, 1995

Florida Department of State
Bureau of Commercial Recording
Registration and Qualification Section
P. O. Box 6327
Tallahassee, FL 32314

700001631287
-11/07/95--01093--017
*****35.00 *****35.00

Re: Registration of the Hortense M. Kaplan Family Limited
Partnership, a Florida limited partnership; (File No.
KAHO-2)

Dear Sir:

Enclosed herewith please find the following documents which I
request that you file on behalf of the Hortense M. Kaplan Family
Limited Partnership:

- 1.) Certificate of Limited Partnership; and
- 2.) Affidavit of Capital Contributions.

A check in the amount of \$1,750.00 is enclosed to cover the
cost of filing the aforementioned documents.

In the event that you should have any questions and/or
comments regarding the foregoing documents, kindly contact the
undersigned at your convenience at (713) 626-7800.

Very truly yours,


Peter Workin

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -1 PM 14

Name	PW/dl
Enclosures:	As enumerated above/Check (\$1,750.00).
Document	cc: File
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	TRN11245td1 (KAHO)
W. P. Verifier	LOC

C. TAX	
PRIMS	35.00
REFUND	

As enumerated above/Check (\$1,750.00).

100001619301
-10/25/95--01031--003
***1750.00 ***1750.00

A95000001642

TC
\$1,778,761.87

W950000021384

PETER WORKIN

ATTORNEY AT LAW
A PROFESSIONAL CORPORATION

October 31, 1995

2700 POST OAK BOULEVARD, SUITE 1630
HOUSTON, TEXAS 77056
TELEPHONE (713) 636-7800
FAX (713) 663-8338

VIA AIRBORNE EXPRESS
AIRBILL #6302814033

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attention: Diane Cushing
Corporate Specialist

Re: Registration of the Hortense M. Kaplan Family Limited
Partnership, a Florida limited partnership; (File No.
KAHO-2)

Ref. Number: W9500002184

Dear Ms. Cushing:

Pursuant to my office's telephone conversation with you of today's date with respect to the above referenced matter, enclosed herewith please find the following documents which reflect Hortense M. Kaplan, Trustee as the General Partner, which documents I request be processed as soon as possible:

- 1.) Certificate of Limited Partnership; and
- 2.) Affidavit of Capital Contributions.

It is my understanding that the \$1,750.00 filing fee check has been retained by the Corporations Division. I have also enclosed my firm check in the amount of \$35.00 representing the resident agents's designation fee, as per your letter.

Please contact my secretary, Debra, as soon as the documents have been filed.

Your cooperation in this matter is greatly appreciated.

Very truly yours,


Peter Workin

PW/dl

Enclosure: As enumerated above/Check (\$35.00).

cc: File



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 26, 1995

PETER WORKIN
2700 POST OAK BOULEVARD, SUITE 1530
HOUSTON, TX 77056

SUBJECT: HORTENSE M. KAPLAN FAMILY LIMITED PARTNERSHIP
Ref. Number: W95000021384

We have received your document for HORTENSE M. KAPLAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you list the trust as the general partner you will have to file a fictitious name application for the trust. If you list Hortense M. Kaplan, Trustee of the living trust as the general partner you will not have to file the fictitious name application. You also need to submit an additional \$35.00 for the registered agents designation 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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 295A00048226

CERTIFICATE OF LIMITED PARTNERSHIP
OF
HORTENSE M. KAPLAN FAMILY LIMITED PARTNERSHIP

1. **Name of Limited Partnership:** HORTENSE M. KAPLAN FAMILY LIMITED PARTNERSHIP.
2. **The Business Address of Limited Partnership:** 1080 Peppertree Lane, Apartment #507, Sarasota, Florida 34242.
3. **Name of Registered Agent for Service of Process:** Hortense M. Kaplan.
4. **Florida Street Address for Registered Agent:** 1080 Peppertree Lane, Apartment #507, Sarasota, Florida 34242.
5. **Registered Agent's Signature to Accept Designation as Registered Agent for Service of Process:** *Hortense M. Kaplan*
6. **The Mailing Address of the Limited Partnership:** 1080 Peppertree Lane, Apartment #507, Sarasota, Florida 34242.
7. **The latest date upon which the Limited Partnership is to be dissolved is:** December 31, 2095.
8. **NAME OF GENERAL PARTNER(S):** Hortense M. Kaplan, Trustee
SPECIFIC ADDRESS:
1080 Peppertree Lane,
Apartment #507
Sarasota, Florida 34242.

SIGNED effective the 4th day of October, 1995.

GENERAL PARTNER:

HORTENSE M. KAPLAN, TRUSTEE

Hortense M. Kaplan, Trustee

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned consulting constituting the sole general partner of Hortense M. Kaplan Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contribution to date of the limited partners is \$1,778,761.87.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,778,761.87.

This 4th day of October, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

GENERAL PARTNER:

Hortense M. Kaplan Trustee

Hortense M. Kaplan Trustee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 1 PM 1:45

FILE 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 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001642

HORTENSE M. KAPLAN FAMILY LIMITED
PARTNERSHIP

Mailing Address

Principal Office Address

1080 Peppertree Lane,
Apt. #507
Sarasota, Florida 34242

Same

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

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 in
FLORIDA

3a. Date of Last Report

4. State or Country of Formation

October 4, 1995

N/A

Florida

5a. Capital Contributions as Shown
on Record

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

Applied For

7. CERTIFICATE OF STATUS REQUIRED

\$1,778,761.87

\$1,778,761.87

65-6190394

Not Applicable

\$8.75 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

10. If changed, new Registered Agent/Office

Hortense M. Kaplan
1080 Peppertree Lane, Apt. #507
Sarasota, Florida 34242

Name
N/A

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

N/A

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

Hortense M. Kaplan, Trustee
N/A

1080 Peppertree Lane
Apt. 507

Sarasota, FL 34342

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

Hortense M. Kaplan, Trustee

DATE

12/15/95

Typed or Printed Name of General Partner Signing Form

Hortense M. Kaplan, Trustee

Telephone Number

(941) 349-8557

CR2E003 (6/95)