A95000001707

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DIVISION OF CORPORATIONS

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PUBLIC ACCESS SYSTEM
(((H95000012592))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: HENDERSON, FRANKLIN, STARNES &HOLT,
PO BOX 280
FORT MYERS FL 33902-0280
CONTACT: BARB B ISLE
PHONE: (941) 334-4121
FAX: (941) 332-4494

(((H95000012592))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: LATELL CROIX APARTMENTS, LTD.
FAX AUDIT NUMBER: H95000012592 CURRENT STATUS: REQUESTED
DATE REQUESTED: 11/08/1995 TIME REQUESTED: 15:30:46
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H95000012592

CERTIFICATE OF LIMITED PARTNERSHIP

1. Latell Croix Apartments, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 954 Clarellen, Fort Myers, Florida 33919
(Business address of Limited Partnership)

3. Frank A. Latell
(Name of Registered Agent for Service of Process)

4. 954 Clarellen, Fort Myers, Florida 33919
(Florida street address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 954 Clarellen, Fort Myers, Florida 33919
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2040.

8. Name(s) of general partner(s):

Name(s) of general partner(s):	Street address:
Frank A. Latell	954 Clarellen Fort Myers, Florida 33919
Croix Apartments of Lee County, Inc. P95000082067	954 Clarellen Fort Myers, Florida 33919

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

Signed this 8th day of November, 1995.

Prepared by: Guy E. Whitesman, Esq.
Florida Bar No.: 334189
1715 Monroe Street
Fort Myers, FL 33901
(941) 334-4121

FAX AUDIT NO.: H95000012592

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Signature of all general partners:

Frank A. Latell, General Partner

Croix Apartments of Lee County, Inc.,
General Partner

By: _____
Frank A. Latell, President

FAX AUDIT NO.: H95000012592

FAX AUDIT NO.:H95000012592

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of LATELL CROIX APARTMENTS, LTD., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $667,636.20.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $667,636.20.

Signed this 8th day of November, 1995.

FURTHER AFFIANT SAYETH NOT.

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

Frank A. Latell, General Partner

Croix Apartments of Lee County, Inc.,
General Partner

By: _____
Frank A. Latell, President

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A95000001707

FILED
96 MAY 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001707

1. Name of Limited Partnership
LATELL CROIX APARTMENTS, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
954 CLARELLEN	954 CLARELLEN	11/08/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0617924 ☐ Applied For ☐ Not Applicable
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL	6. CERTIFICATE OF STATUS DESIRED ☒
Zip: 33919 Country: LEE	Zip: 33919 Country: LEE	7. State or Country of Formation: FLORIDA

8a. Capital Contributions as Shown on Record: $667,636.20

8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $138.75 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
LATELL, FRANK A. 954 CLARELLEN FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) S Peppertree Apts. Manager, 3207 Broadway, #77 C. Fort Myers, FL 33901 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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
LATELL, FRANK A.	Peppertree Apts. Manager, 3207 Broadway, #77 Fort Myers, FL 33901	FORT MYERS, FL 33901	
CROIX APARTMENTS OF LEE CO.		FORT MYERS, FL 33901	P95000082067

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-05/30/96--01040--008
***1085.00 ***1085.00

REINSTATEMENT 96 laws
dus

CR2E039 (4/95)

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 5/20/96

Typed or Printed Name of General Partner Signing Form: FRANK A. LATELL Telephone Number _____