

A95000001724

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A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

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September 13, 1995

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

FILED
11/14/95
TALLAHASSEE, FLORIDA

900001635239
-11/14/95--01048--012
***1074.50 ***1074.50

Re: THE BAY ROSS FAMILY LIMITED PARTNERSHIP

To Whom It May Concern:

Enclosed for filing in your office are the following:

1. Two Certificates of Limited Partnership for the above-named Partnership.
2. A Check for 1,074.50 for the filing fee. (\$1,039.50 for the contribution made by Limited Partners and \$35.00 for designation of registered agent.)
3. An Affidavit of General Partners.

Thank you for your assistance.

Very truly yours,

J. Randall Richards
Attorney at Law

JRR/sks

Enclosures

FILED
1995 NOV 13 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/14/95a

A95000001724

CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE BAY ROSS FAMILY
LIMITED PARTNERSHIP
A Florida Limited Partnership

FILED
NOV 13 PM 2 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The party hereto does hereby certify that an Agreement was made effective the 3rd day of NOVEMBER, 1995, at Sarasota, Florida:

W I T N E S S E T H :

1. Name. The name of this Limited Partnership is THE BAY ROSS FAMILY LIMITED PARTNERSHIP.

2. Address of Office Where Records are Kept. The address of the office where records are maintained pursuant to Section 620.106 is 3433 East Forest Lakes Drive, Sarasota, Florida 34232.

3. Name and Address of Agent for Service of Process. The name and address for the agent for service of process is:

NAME

ADDRESS

N. Peter Ross

3433 East Forest Lakes Dr.
Sarasota, Florida 34232

4. Name and Business Address of General Partner. The name and business address of the General Partner is:

GENERAL PARTNER

PLACE OF BUSINESS

N. Peter Ross

3433 East Forest Lakes Dr.
Sarasota, Florida 34232

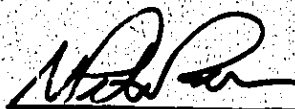
5. Mailing Address. The mailing address of this Limited Partnership is 3433 East Forest Lakes Drive, Sarasota, Florida 34232.

6. Term. The Limited Partnership shall begin on the date the Certificate of Limited Partnership is filed with the Department of State, and shall continue for 25 years thereafter

unless sooner dissolved by law or by agreement of the partners or
unless extended by a majority agreement of the Partners.

The Undersigned as sole General Partner of this Limited
Partnership executes and files this certificate as required by
Sections 620.108, 620.114 and 620.116 of the above-raferenced
Act.

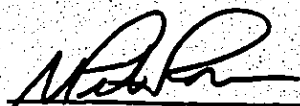
GENERAL PARTNER:



N. PETER ROSS

I hereby acknowledge acceptance as Registered Agent for
The Bay Ross Family Limited Partnership.

REGISTERED AGENT:



N. PETER ROSS

FILED
1995 NOV 13 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF GENERAL PARTNER
OF
THE BAY ROSS FAMILY LIMITED PARTNERSHIP

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1995 NOV 13 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss.

The Undersigned, being the General Partner of the above-named Limited Partnership, having been duly sworn, does hereby state as follows:

1. That the Undersigned is the General Partner of the above-named Limited Partnership.
2. That the total contributions of Limited Partners in the above-named Limited Partnership do not exceed \$148,500.00.
3. No additional contribution by the Limited Partners is anticipated.

DATED the 3rd day of NOVEMBER, 1995.



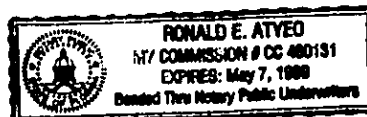
N. PETER ROSS

The foregoing instrument was acknowledged before me this 3rd day of NOVEMBER, 1995, by N. Peter Ross.



Notary Public
Residing at:

My commission expires: MAY 7, 1999



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

96 JAN -2 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

AG5000001704

BAY ROSS FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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

Mailing Address

Principal Office Address

3433 E. FOREST LKS DR
SARASOTA FL 34232

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

11/13/95

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

142,500 -

5b. Amount of Capital Contributions in
FLORIDA to date

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.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

N. PETER ROSS
3433 E. FOREST LKS DR
SARASOTA FL 34232

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

N. Peter Ross

3433 E. Forest
Lakes Dr.

Sarasota, FL

34232

800001701713

-01/30/96--01104--001

***576.25 ***576.25

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 provided with this form 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(4) 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

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)