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

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

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

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE BAY ROSS FAMILY

LIMITED PARTNERSHIP

A Florida Limited Partnership

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-referenced 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

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

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

AFFIDAVIT OF GENERAL PARTNER

OF

THE BAY ROSS FAMILY LIMITED PARTNERSHIP

STATE OF FLORIDA)
: ss.
COUNTY OF SARASOTA)

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

RONALD E. ATYEO
MY COMMISSION # CC 480131
EXPIRES: May 7, 1999
Bonded Thru Notary Public Underwriters

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 Mortham
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 # A95000001724

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	3a. Date of Last Report	4. State or Country of Formation
11/13/95		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
148,500 —			/	☐

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.

Pd 1/11

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	

900001701719
-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 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(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)