

FILE OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV 22 PM 1:32

LIMITED PARTNERSHIP  
FLORIDA DEPARTMENT OF STATE  
Florida Department of State  
Secretary of State  
DIVISION OF CORPORATIONS

**A 95000001757**

1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**A 95000001757**  
Jaffa Road 66 Limited Partnership

Mailing Address: **c/o J. Bob Humphries, Esquire  
Fowler, White et al  
501 E. Kennedy Blvd., #1700  
Tampa, Florida 33602**  
Principal Office Address: **205 N. Marion Street  
Tampa, FL 33602**

3. Date Formed or Registered to Do Business in **FLORIDA**  
**11/20/95**  
3a. Date of Last Report **n/a**  
4. State or Country of Formation **Florida**

5a. Capital Contributions as Shown on Record **\$9.90**  
5b. Amount of Capital Contributions in FLORIDA to date **\$9.90**  
6. FEI Number **not applicable**

7. CERTIFICATE OF STATUS REQUIRED   
Applied For  
Not Applicable

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  
**J. Bob Humphries, Esq.  
Fowler, White et al  
501 E. Kennedy Blvd., #1700  
Tampa, Florida 33602**

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
Jaffa Road (Florida) Management Inc.	205 N. Marion Street	Tampa, FL	P 36822
AK JW	52.50 138.75 191.25	MK 11/22/95	700001648537 -11/29/95--01054--018 ****191.25 ****191.25

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(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.

SIGNATURE Hugh A. MacArthur BY: **Hugh A. MacArthur, Assistant Secretary** DATE **11/17/95**  
(813) 866-8299

CR2E003 (6/95)

CORPORATE AND BUSINESS SERVICES  
 1116-D THOMASVILLE RD  
 TALLAHASSEE, FL 32303  
 (904) 222-2666 Address

**Ag 500001757**

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 DIVISION OF CORPORATIONS

City/State/Zip Phone #  
*Alinda*

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. JAFFA Road 66 Limited Partnership  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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- Walk in  
 Mail out  
 Pick up time 11/20 2:30  
 Will wait  
 Certified Copy  
 Photocopy  
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

G. TAX \_\_\_\_\_  
 FILING 42.50  
 R. AGENT FEE 35.00  
 C. COPY 5.50  
 TOTAL 140.00  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/OBLIGATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

600001645806  
 -11/27/95--01076--010  
 \*\*\*\*140.00 \*\*\*\*140.00

11/20/95

Examiner's Initials MSK

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**Jaffa Road 66 Limited Partnership**  
**a Florida limited partnership**

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The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.103 of the Florida Statutes, hereby states the following:

(a1) Name of the Limited Partnership:

Jaffa Road 66 Limited Partnership

(a2) The address of the limited partnership:

205 N. Marion Street  
Tampa, Florida 33602

(b) The name and address of the agent for service of process:

J. Bob Humphries, Esquire  
Fowler, White, Gillen, Boggs,  
Villareal and Banker, P.A.  
501 East Kennedy Boulevard  
Suite 1700  
Tampa, Florida 33602

(c) The name and business address of the sole general partner is:

Jaffa Road (Florida) Management Inc.  
205 N. Marion Street  
Tampa, Florida 33602

(d) The mailing address for the limited partnership:

c/o J. Bob Humphries, Esquire  
Fowler, White, Gillen, Boggs,  
Villareal and Banker, P.A.  
501 East Kennedy Boulevard, Suite 1700  
Tampa, Florida 33602

(e) The latest date upon which the limited partnership is to dissolve:

midnight, December 31, 2045

(f) The effective date of this Certificate of Limited Partnership shall be upon the filing with the Secretary of State of the State of Florida.

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DIVISION OF CORPORATIONS  
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- (g) A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be effective if executed in the Partnership name solely by a general partner.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Hugh A. MacArthur, the Assistant Secretary of Jaffa Road (Florida) Management Inc., the sole general partner of Jaffa Road 66 Limited Partnership, on this 17th day of November, 1985.

General Partner:  
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

By: [Signature]  
Hugh A. MacArthur, Assistant Secretary

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SECRETARY OF CORPORATIONS  
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STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Subscribed and sworn to before me this 17th day of November, 1985, by Hugh A. MacArthur, who is personally known to me and who is the Assistant Secretary of Jaffa Road (Florida) Management Inc., the sole general partner of Jaffa Road 66 Limited Partnership, a Florida Limited Partnership on behalf of the Partnership.

SEAL:

[Signature]  
(Signature of person taking acknowledgement)

Victoria Ann Crocker  
(Name typed, printed or stamped)

Notary Public  
(Notary Public) or (Military Officer's Rank)

Not applicable  
Serial Number if Military Officer




VICTORIA ANN CROCKER  
My Commission CC424008  
Expires Dec. 08, 1998  
Bonded by AHB  
800-882-8878

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent for Jaffe Road 66 Limited Partnership, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, J. Bob Humphries, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

  
J. Bob Humphries

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DIVISION OF CORPORATIONS  
95 NOV 20 PM 1:36

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Subscribed and sworn to before me this 17th day of November, 1995, by J. Bob Humphries, who is personally known to me and who executed the foregoing on behalf of the Partnership as Registered Agent.

SEAL:

  
(Signature of person taking acknowledgement)

Victoria Ann Crocker  
(Name typed, printed or stamped)

Notary Public  
(Notary Public) or (Military Officer's Rank)

Not applicable  
Serial Number if Military Officer

JBH/vac/docs/1104

NOTARY PUBLIC  
STATE OF FLORIDA  
VICTORIA ANN CROCKER  
My Commission Expires  
Expires Dec. 04, 1998  
800-822-5878

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
of  
Jaffa Road 66 Limited Partnership

BEFORE ME, the undersigned, personally appeared Hugh A. MacArthur, Assistant Secretary of Jaffa Road (Florida) Management Inc., general partner of Jaffa Road 66 Limited Partnership, a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partner is as follows:

	<u>Amount</u>	<u>Partnership Interest</u>
Frank Jacobs	\$ 9.90	99.00%
<b>TOTAL:</b>	<u>\$ 9.90</u>	<u>99.00%</u>

2. The amount of additional capital contributions anticipated to be contributed by the limited partner is as follows:

Frank Jacobs	\$ -0-
<b>TOTAL:</b>	\$ -0-

FURTHER AFFIANT SAYETH NAUGHT.

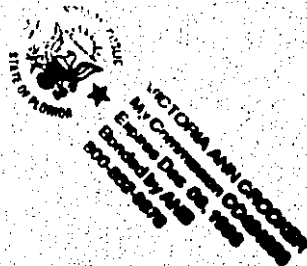
Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

GENERAL PARTNER:  
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

By: [Signature]  
Hugh A. MacArthur, Assistant Secretary

Subscribed and sworn to before me this 17th day of November, 1965, by Hugh A. MacArthur, who is personally known to me, and who is the Assistant Secretary of Jaffa Road (Florida) Management Inc., the sole general partner of Jaffa Road 66 Limited Partnership.

SEAL:



[Signature]  
(Signature of person taking acknowledgement)

Victoria Ann Crocker  
(Name typed, printed or stamped)

Notary Public  
(Notary Public) or (Military Officer's Rank)

Not applicable  
Serial Number if Military Officer