

FILE ON 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 1:34

LIMITED PARTNERSHIP
AND

FLORIDA DEPARTMENT OF STATE

A950000001760

1. Name of Limited Partnership

1a. DOCUMENT #

A 95 00000 1760

Jaffa Road 69 Limited Partnership

DO NOT WRITE IN THIS SPACE

2. New Mailing Address If Applicable

State Apt # etc

City, State & Zip

2a. New Principal Office Address If Applicable

State Apt # etc

City, State & Zip

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

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
11/20/95

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/Lumber
not applicable

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

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

Name

Street Address (P.O. Box is for use for Acceptance)

State 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 (partnership) 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 36922

AR
SWW

52.50
138.75
191.25

134

11/22/95

200001648542
-11/23/95--01054--021
****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 provided in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information submitted 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.

JAFFA ROAD (FLORIDA) MANAGEMENT INC.

SIGNATURE

BY: Hugh A. MacArthur, Assistant Secretary

11/17/95

(813) 866-8299

Typed or Printed Name of General Partner Signing Form

CORPORATION
1116-D T. OMA VILLE RD
TALLAHASSEE FL 32301
(904) 222-2666

Address

City/State/Zip

Phone #

RECEIVED

95 NOV 20 11 12 22

DIVISION OF CORPORATION

Office Use Only

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

1. JAFSA Road 69 Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

000001645810
-11/27/95--01076--013
****140.00 ****140.00

☒ Walk in

☐ Mail out

☒ Pick up time 11/20 2:30

☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION OBLIGATION	
☐	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

G. TAX

FILING

R. AGENT FEE

C. COPY

TOTAL

N. BANK

BALANCE DUE

EXCHG

11/20/95

Examiner's Initials

AK

**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

**Jaffa Road 69 Limited Partnership
a Florida limited partnership**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
95 NOV 20 1995

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

(a1) Name of the Limited Partnership:

Jaffa Road 69 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.

- (d) 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 69 Limited Partnership, on this 17th day of November, 1985.

General Partner:
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

By:

Hugh A. MacArthur
Hugh A. MacArthur, Assistant Secretary

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 69 Limited Partnership, a Florida Limited Partnership on behalf of the Partnership.

SEAL:

Victoria Ann Crocker
(Signature of person taking acknowledgement)

Victoria Ann Crocker
(Name typed, printed or stamped)

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

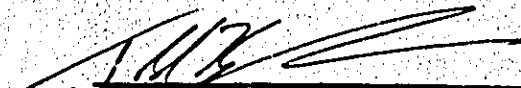
Not applicable
Serial Number if Military Officer



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Jaffa Road 69 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:

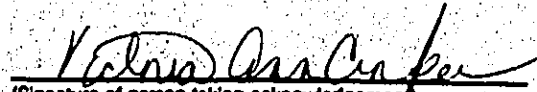

J. Bob Humphries

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:

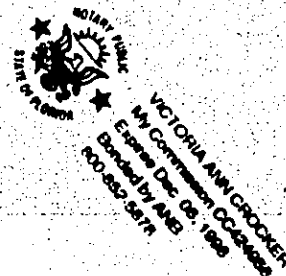

(Signature of person taking acknowledgement)

Victoria Ann Crocker
(Name typed, printed or stamped)

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

Not applicable
Serial Number if Military Officer

JBM/vac/docs/1110



STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
of
Jaffa Road 69 Limited Partnership

BEFORE ME, the undersigned, personally appeared Hugh A. MacArthur, Assistant Secretary of Jaffa Road (Florida) Management Inc., general partner of Jaffa Road 69 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:

	Amount	Partnership Interest
Frank Jacobs	\$ 9.90	99.00%
TOTAL:	\$ 9.90	99.00%

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

Frank Jacobs	\$ -0-
TOTAL:	\$ -0-

FURTHER AFFIANT SAYETH NAUGHT.

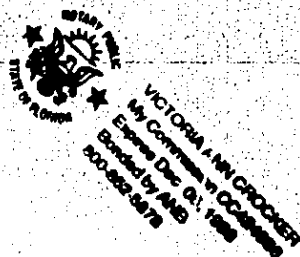
Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

GENERAL PARTNER:
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

By: Hugh A. MacArthur
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 69 Limited Partnership.

SEAL:



Victoria Ann Crocker
(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