FILE BY OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000001770

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 20 PM 1:59

DO NOT WRITE IN THIS SPACE

**1.** Name of Limited Partnership

Jaffa Road 79 Limited Partnership

**1a.** DOCUMENT # A 95 00000 1770

**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
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 Number
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

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.** Registered Document Number |
|---|---|---|---|
| Jaffa Road (Florida) Management Inc. | 205 N. Marion Street | Tampa, FL | P 36922 |

AR 5000

52.50
138.75
191.25

BK 11/22/95

**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.

JAFFA ROAD (FLORIDA) MANAGEMENT INC.

SIGNATURE _____ BY: Hugh A. MacArthur, Assistant Secretary — DATE 11/17/95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number (813) 866-8299

CR2E003 (6/95)

A95000001770

CORPORATE [illegible]'s Name
111[illegible] THOMASVILLE RD
TA[illegible]AHASSEE FL 323[illegible]
(904) 222[illegible]666 Attn: Linda

City/State/Zip Phone #

RECEIVED
95 NOV 2[illegible] PM[illegible]
DIVISION OF CORPORATIONS

Office Use Only

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

1. JAFFA Road 79 Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 20 PM 2:19

☑ Walk in ☑ Pick up time 11/20 2:30 ☑ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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 |

700001645407
-11/27/95--01042--003
****140.00 ****140.00

C. TAX _____
FILING 52.50
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 140.00
N. BANK _____
BALANCE DUE _____
REFUND _____

| | OTHER FILINGS |
|---|---|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| | REGISTRATION/ QUALIFICATION |
|---|---|
| | Foreign |
| ✓ | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

11/20/95

CR2E031(1/95)

| Examiner's Initials | BK |
|---|---|

# CERTIFICATE OF LIMITED PARTNERSHIP
# OF
# Jaffa Road 79 Limited Partnership
# a Florida limited partnership

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:

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(a1) Name of the Limited Partnership:

Jaffa Road 79 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.

(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.

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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 79 Limited Partnership, on this 10th day of November, 1995.

General Partner:
JAFFA ROAD (FLORIDA) MANAGEMENT INC.

By: H. A. MacArthur
Hugh A. MacArthur, Assistant Secretary

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Subscribed and sworn to before me this 10th day of November, 1995, 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 79 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

NOTARY PUBLIC STATE OF FLORIDA

VICTORIA ANN CROCKER
My Commission CC424958
Expires Dec 06, 1998
Bonded by ANB
800-852-5878

## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Jaffa Road 79 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.

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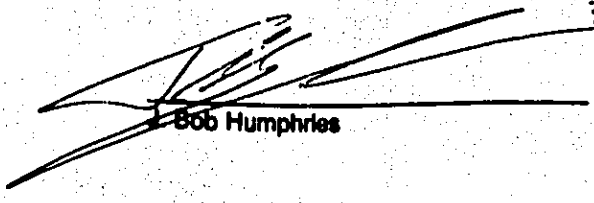
REGISTERED AGENT:



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.

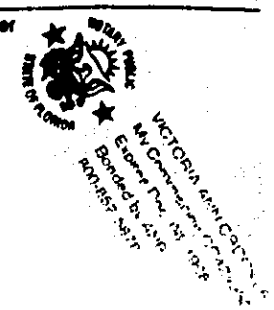
SEAL:

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




JBH/vac/docs/1130

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS
of
Jaffa Road 79 Limited Partnership

BEFORE ME, the undersigned, personally appeared Hugh A. MacArthur, Assistant Secretary of Jaffa Road (Florida) Management Inc., general partner of Jaffa Road 79 Limited Partnership, a Florida limited partnership, hereinafter referred to as the "Partnership," who upon being duly sworn, certified as follows:

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DIVISION OF CORPORATIONS
95 NOV 29 PM 2:19

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 partners 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, Assistant Secretary

Subscribed and sworn to before me this 17th day of November, 1995, 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 79 Limited Partnership.

SEAL:

NOTARY PUBLIC STATE OF FLORIDA
VICTORIA ANN CROCKER
My Commission CC424666
Expires Dec 05, 1998
Bonded by AFIB
800-852-5878

_____
(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

11.8 15:20

JBH/vac/docs/1131