A95000001853

Arnold S. Goldstein, Ph. D.

ATTORNEY-AT-LAW*

360 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442
TEL. (305) 480-8933 • FAX. (305) 480-8906

*Admitted Massachusetts and Federal Bar.

Massachusetts office:
161 Worcester Road
Framingham, MA 01701
(508) 626-1500

FILED
95 DEC -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 28, 1995

Secretary of State
Business Filing Division
409 E. Gaines St.
Tallahassee, Fl 32399

Dear Sir/Madam:

Enclosed is a check for $87.50 to cover the filing fees for the following limited partnership:

ALBA Limited Partnership

CM

Please return completed forms to the address above.

200001652942
-12/05/95--01033--014
*****87.50 *****87.50

Sincerely,

Beverly Sanders
Manager

FILING 52.50
R. AGENT 35.00
C. COPY
TOTAL 87.50
N. BANK
BALANCE DUE
REFUND

1

CERTIFICATE OF LIMITED PARTNERSHIP

OF

ALBA LIMITED PARTNERSHIP

1. ALBA LIMITED PARTNERSHIP
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 18050 Giddens Dr., NE, Alva, Fl 33920
(The Business Address of Limited Partnership)

3. Allen Johnson
(Name of Registered Agent for Service of Process)

FILED
95 DEC -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. 18050 Giddens Dr. NE, Alva, Fl 33920
(Florida street address)

5. X
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 18050 Giddens Dr. NE, Alva, Fl 33920
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Allan Johnson	18050 Giddens Dr. NE Alva, Fl 33920
Patricia Johnson	18050 Giddens Dr. NE Alva, Fl 33920

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
95 DEC -1 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned constituting all of the general partners of Alba Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,000.00.

This 20 day of November, 1995.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER

Allen Johnson

GENERAL PARTNER

Patricia Johnson

Signed this 20 day of NOVEMBER, 1995

Signature of all general partners:

General Partner

General Partner

FILED
95 DEC -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A95000001853

OFFICE USE ONLY (Document #)

Alba Limited Partnership
(Requestor's Name)
18050 Gladden Dr.
(Address)
Alva, Fl 33920
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

600001710036
-02/08/96--01029--008
******7.00 ******7.00

1. Alba Limited Partnership
(Corporation Name) (Document #)
2. A95000001853
(Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

600001710036
-02/08/96--01029--009
*****95.64 *****95.64

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
96 FEB -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

FF - $102.64

2/6/96 aw

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all the general partners of Alba Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date pf the limited partners is $15,662.63.

The total amount contributed and anticipated to be contributed by the limited partners at this time is $15,662.63.

FILED
96 FEB -6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 13th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER

Allen Johnson

GENERAL PARTNER

Patricia Johnson

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

A95000001853

FILED
96 FEB -6 PM 3:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
ALBA LIMITED PARTNERSHIP

1a. DOCUMENT # A95000001853

DO NOT WRITE IN THIS SPACE.

Mailing Address
18050 Giddens Drive
Alva, FL 33920

Principal Office Address
18050 Giddens Drive
Alva, FL 33920

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

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
December 1, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record:
~~$2,000.00~~ 1000.00

5b. Amount of Capital Contributions in FLORIDA to date:
$15,662.63

6. FEI Number

X 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.) AND NO MORE THAN $570.25 ($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.
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75)
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
Allen Johnson
18050 Giddens Drive
Alva, FL 33920

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

400001710084
-02708/96--01029--005
$$$$249.39 $$$$249.39

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

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
Patricia Johnson	18050 Giddens Drive	Alva, FL 33920	A95000001853
Allen Johnson	18050 Giddens Drive	Alva, FL 33920	A95000001853

AR - $ 109.64
SF $ 138.75
2/6/96 aw

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.

SIGNATURE Patricia Johnson DATE 12/26/95

Typed or Printed Name of General Partner Signing Form Patricia Johnson Telephone Number 941/693-8785

CR2E003 (6/95)