FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $600 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

A95000001877

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 12 PM 4:26

1. Name of Limited Partnership

1a. DOCUMENT # A95000001877

WILROAD ASSOCIATES LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address
1801 Hermitage Blvd.
Tallahassee, FL 32308

Principal Office Address
1801 Hermitage Blvd.
Tallahassee, FL 32308

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: 12/6/95

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as Shown on Record: ~~$100.00~~ $97.00

5b. Amount of Capital Contributions in FLORIDA to date: ~~$100.00~~ $97.00

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

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

Horace Schow II
1801 Hermitage Boulevard
Tallahassee, FL 32308

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
Wilroad Inc., a Florida corporation	1801 Hermitage Blvd.	Tallahassee, FL 32308	P95000090147

MK — 52.50
SUPP — 138.75
191.25

MK
400001662934
-12/15/95--01077--011
****191.25 ****191.25
12/12/95

CR2E003 (6/95)

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.

WILROAD INC.

SIGNATURE By _____ DATE 12/8/95

Typed or Printed Name of General Partner Signing Form: Howard J. Edelman President

Telephone Number: (312) 855-6547

A95000Q1877

RECEIVED
95 DEC -6 PM 3:48
DIVISION OF CORPORATION

ROBERT R. McDONALD
(Requestor's Name)

101 E. COLLEGE AVE
(Address)

TALLAHASSEE FL 32301 222-6891
(City, State, Zip) (Phone #)

OFFICE USE ONLY

800001655528
-12/06/95--01128--016
****201.25 ****201.25

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

1. Wilroad Associates Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☑ Walk in ☑ Pick up time _____ ☑ Certified Copy (2) 105.00

☐ Mail out ☐ Will wait ☐ Photocopy ☑ Certificate of Status 8.75

Filing 52.50
Reg. Agent 35.00
201.25

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/ QUALIFICATION	
	Foreign
✓	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
95 DEC -6 AM 8:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/6/95

Examiner's Initials MM

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WILROAD ASSOCIATES LIMITED PARTNERSHIP

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986) as amended, and §620.108 of the Florida Statutes, the undersigned, being all of the General Partners of WILROAD ASSOCIATES LIMITED PARTNERSHIP, hereby duly execute and file with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is WILROAD ASSOCIATES LIMITED PARTNERSHIP.

2. The business address and the mailing address of the limited partnership is 1801 Hermitage Boulevard, Tallahassee, FL 32308.

3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:

Horace Schow II

4. The Florida street address for the registered agent is:

1801 Hermitage Boulevard
Tallahassee, FL 32308

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -6 AM 8:32

5. **Acceptance of Appointment of Registered Agent**:

Having been named the statutory registered agent of WILROAD ASSOCIATES LIMITED PARTNERSHIP, at the place designated in this Certificate of Limited Partnership of WILROAD ASSOCIATES LIMITED PARTNERSHIP, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

Horace Schow II,
Registered Agent

Dated: November 27, 1995.

6. The name and business address of the sole general partner is as follows:

P95000090147

Wilroad Inc.
1801 Hermitage Boulevard
Tallahassee, FL 32308

GTH\QUENTELA\399242.1\11/27/95

7. The latest date upon which the limited partnership is to dissolve is December 31, 2090.

IN WITNESS WHEREOF, the Sole General Partner has executed the foregoing Certificate of Limited Partnership on the 27th day of November, 1995, in accordance with §620.114 of the Florida Statutes.

WILROAD INC.,
a Florida corporation, general partner

BY: Howard J. Edelman
President

95 DEC -6 AM 8:32
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

A F F I D A V I T

THE UNDERSIGNED, constituting all of the general partners of WILROAD ASSOCIATES LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby certify as follows:

1. The amount of capital contributions to date of the limited partners is $ **97.00**.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals **$97.00.**

FURTHER AFFIANT SAYETH NOT.

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.

WILROAD INC.,
a Florida corporation, general partner

BY: Howard J. Edelman
President

1201 HAYS STREET
TALLAHASSEE, FL 32301
800-342-8036

A95000001877

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 12:30

ACCOUNT NO. : 072100000032

REFERENCE : 813830 4303929

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1002.50

ORDER DATE : January 22, 1996

ORDER TIME : 9:47 AM

500001694695

ORDER NO. : 813830

CUSTOMER NO: 4303929

CUSTOMER: Sheryl Cohen, Legal Assistant
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

RECEIVED
96 JAN 22 AM 11:06
DIVISION OF CORPORATION

DOMESTIC AMENDMENT FILING

NAME: WILROAD ASSOCIATES LIMITED PARTNERSHIP

XX ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

1/22/96

CONTACT PERSON: Donna Kendrick

EXAMINER'S INITIALS: BK

SUPPLEMENTAL AFFIDAVIT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 22 PM 2:30

THE UNDERSIGNED, being the sole General Partner of WILROAD ASSOCIATES LIMITED PARTNERSHIP, a Florida limited partnership, hereby certifies as follows:

1. The actual capital contributions of the limited partners of WILROAD ASSOCIATES LIMITED PARTNERSHIP is $69,573,250.00.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals $78,497,250.00.

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.

FURTHER AFFIANT SAYETH NAUGHT.

WILROAD INC., a Florida corporation

By: _____
Howard J. Edelman
President

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 2:30

BEFORE ME, the undersigned authority, personally appeared Howard J. Edelman, President of WILROAD INC., a Florida corporation, the sole General Partner of WILROAD ASSOCIATES LIMITED PARTNERSHIP, a Florida limited partnership, who acknowledged to me that he executed the foregoing Supplemental Affidavit in such capacity on behalf of the corporation and partnership. He is personally known to me ~~or produced _____ as identification.~~

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 15th day of January, 1996.

[NOTARIAL SEAL]

Notary: Susan M. Whelihan
Print Name: SUSAN M. WHELIHAN
Notary Public, State of ILLINOIS
My Commission Expires: 11/20/99
Commission Number:

"OFFICIAL SEAL"
SUSAN M. WHELIHAN
Notary Public, State of Illinois
My Commission Expires 11/20/99