

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

Mailing Address

1801 Hermitage Blvd.
Tallahassee, FL 32308

Principal Office Address

1801 Hermitage Blvd.
Tallahassee, FL 32308

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

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, now 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)

Wilroad Inc., a
Florida corporation

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1801 Hermitage
Blvd.

11b. City, State & Zip Code

Tallahassee, FL
32308

11c. Registration/
Document Number

P95000090147

PK - 52.50
SUPP - 138.75
191.25

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

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 exempted 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 BY

Typed or Printed Name of General Partner Signing Form

Howard J. Eidelman President

DATE 12/8/95

* Phone Number (312) 855-6547

CR2E003 (6/95)

A95000001877

95 DEC -6 PM 3 48

ROBERT E. McDONALD
(Requestor's Name)

DIVISION OF CORPORATION

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

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

Filing
Reg. Agent

52.50

35.00

20.25

95 DEC -6 AM 8:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/6/95

Examiner's Initials

Rm

**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:

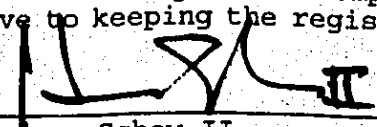
Horace Schow II

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

**1801 Hermitage Boulevard
Tallahassee, FL 32308**

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:

Wilroad Inc.
1801 Hermitage Boulevard
Tallahassee, FL 32308

P95000690147

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

FILED
SECRETARY OF CORPORATIONS
DEC-6
AM 8:32

AFFIDAVIT

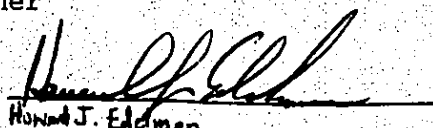
THE UNDERSIGNED, constituting all of the general partners of WILROAD ASSOCIATES LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby certify as follows:

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

800-342-8086

A95000001877



ACCOUNT NO. : 072100000032
REFERENCE : 813830 4303929
AUTHORIZATION : Patricia Pzyts
COST LIMIT : \$ 1802.50

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

ORDER DATE : January 22, 1996

ORDER TIME : 9:47 AM

ORDER NO. : 813830

CUSTOMER NO: 4303929

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

500001894695

DOMESTIC AMENDMENT FILING

NAME: WILROAD ASSOCIATES LIMITED
PARTNERSHIP

RECEIVED
96 JAN 22 AM 11:06
DIVISION OF CORPORATIONS

☒ ARTICLES OF AMENDMENT
☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Donna Kendrick

EXAMINER'S INITIALS: BK

1/22/96

SUPPLEMENTAL AFFIDAVIT

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

FILED STATES
SECRETARY OF CORPORATIONS
JAN 22 1963

STATE OF ILLINOIS)
COUNTY OF COOK) SS:

FILED
DIVISION OF CORPORATIONS
JAN 22 PM 12:30

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:

