

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 11, Tallahassee, FL 32301
 Mailing Address: Post Office Box 1000, Tallahassee, FL 32301
 TOLL FREE 1-800-342-8000
 FAX (904) 222-2222

AA5000001946

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

B/K 12/14/95
 G. TAX _____
 FILING _____
 R. AGENT FEE _____
 C. COPY _____
 TOTAL _____
 N. BANK _____
 BALANCE DUE _____
 9810ND _____

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	<i>AAH</i>		

WALK-IN
 Will Pick Up *12:19 120*

Capital Express™
 Art. of Inc. File
 Corp. Record Search
 Ltd. Partnership File
 Foreign Corp. File
 (3-200 Copy(s))
 Art. of Amend. File
 Dissolution/Withdrawal
 C U S : *95*
 Fictitious Name File

Name Reservation
 Annual Report/Reinstatement
 Reg. Agent Service
 Document Filing

Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval

UCC 1 or 3 File
 UCC 11 Search
 UCC 11 Retrieval
 File No.'s _____ Copies _____
 Courier Service _____
 Shipping/Handling _____
 Phone () _____
 Top Priority _____
 Express Mail Prep. _____
 FAX () _____ pgs. _____

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 16% per Annum.

THANK YOU
 from
 Your Capital Connection

C.C. FEE. DISBURSED

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

800001666008
 -12/19/95-01134-024
 ***1793.75 ***1793.75

RECEIVED
 12/14/95

**CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

OF

WILLDORF FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 12:06

We, the undersigned, pursuant to Florida law, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. NAME.

The name of the Limited Partnership is WILLDORF FAMILY LIMITED PARTNERSHIP.

2. MAILING ADDRESS.

The mailing address of the Limited Partnership is as follows:

1400 4th Avenue West
Bradenton, Florida 34205

3. PRINCIPAL OFFICE.

The location of the principal place of business of the Limited Partnership is as follows:

1400 4th Avenue West
Bradenton, Florida 34205

4. REGISTERED AGENT AND REGISTERED OFFICE.

The name and address of the agent for service of process is as follows:

RONALD E. WITT
1400 4th Avenue West
Bradenton, Florida 34205

5. PARTNERS.

The name and address of the General Partners are as follows:

MICHAEL E. WILLDORF
1904 78th Street Northwest
Bradenton, Florida 34209

SOPHIE WILLDORF
1904 78th Street Northwest
Bradenton, Florida 34209

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 14 PM 12:17

6. TERM OF PARTNERSHIP.

The latest date upon which the Limited Partnership is to be dissolved is December 31, 2025.

7. CAPITAL CONTRIBUTIONS.

The amount of capital contributions to date of the limited partnership is \$10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$1,485,500.00.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit of Capital Contributions this 15th day of December, 1995.

Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

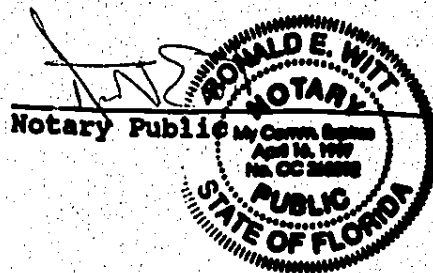
Michael E. Willdorf
MICHAEL E. WILLDORF

Sophie Willdorf
SOPHIE WILLDORF

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me, a Notary Public, in and for said County and State, by MICHAEL E. WILLDORF and SOPHIE WILLDORF, this 13th day of December, 1995, who are personally known to me or produced a N/A identification.

My Commission Expires:

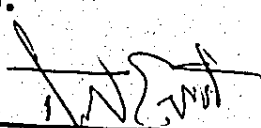


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ACCEPTANCE BY REGISTERED AGENT

Having been appointed the Registered Agent of WILLDORF FAMILY LIMITED PARTNERSHIP, the undersigned accepts such appointment, agrees to act in such capacity and accepts the obligations imposed by Florida law.

DATED: December 13, 1995.



RONALD E. WITT

FILE ON OR BEFORE DECEMBER 31, 1995 OR OWNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$300 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 22 AM 11:22

1. Name of Limited Partnership

1a. DOCUMENT #

A95000001946

WILLDORF FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE *mtm*

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

Principal Office Address

1400 4th Ave. W.
Bradenton, FL 34205

1400 4th Ave. W.
Bradenton, FL 34205

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

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5a. Capital Contributions as Shown
on Record

\$1,420,000.

5b. Amount of Capital Contributions in
FLORIDA to date

\$1,420,000.

6. FEI Number

☒ 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 607.103, 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

RONALD E. WITT
1400 4th Ave. W.
Bradenton, FL 34205

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 12/20/95

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

MICHAEL E. WILLDORF

1904 78th St. N.W.

Bradenton, FL 34209

SOPHIE WILLDORF

1904 78th St. N.W.

Bradenton, FL 34209

800001677568
-01/03/96--01127-019
****576.25 ****576.25

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 stated in Section 119.07(3)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) 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

Michael E. Willdorf *Sophie Willdorf*

DATE 12-20-95

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E003 (6/95)