

Document Number Only

A95000001986

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 19 AM 02

Exton Plaza Associates, Limited Partnership

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Limited Liability Company | ☐ Annual Report | ☐ Other |
| ☐ Foreign | ☐ Reservation | ☐ Change of R.A. |
| ☒ Limited Partnership | ☐ Photo Copies | ☐ Fictitious Name |
| ☐ Reinstatement | ☐ CUS / G/S | |
| ☐ Certified Copy | ☐ Call When Ready | ☐ After 4:30 |
| ☐ Call When Ready | ☐ Call If Problem | ☒ Pick Up |
| ☒ Walk In | ☐ Will Wait | |
| ☐ Mail Out | | |

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-12/22/95--01020--006
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file 2ND

CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

EXTON PLAZA ASSOCIATES, LIMITED PARTNERSHIP

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DIVISION OF CORPORATIONS
95 DEC 19 AM 10:02

1. **EXTON PLAZA ASSOCIATES, LIMITED PARTNERSHIP**
(Name of Limited Partnership; must contain a suffix such as
"Limited," "Ltd.," or "Limited Partnership")
2. **293 WYCHMERE TERRACE, WEST PALM BEACH, FLORIDA 33414**
(The Business Address of Limited Partnership)
3. **ROGER WHYMAN**
(Registered Agent).
4. **293 WYCHMERE TERRACE, WEST PALM BEACH, FLORIDA 33414**
(Florida Street Address for Registered Agent)
5. **Acceptance by the Registered Agent for Service of Process.**



ROGER WHYMAN
6. **c/o Exton Plaza GP, L.L.C., 293 Wychmere Terrace**
West Palm Beach, Florida 33414
(The Mailing Address of the Limited Partnership)
7. **The latest date upon which the Limited Partnership is to be dissolved is December 31, 2040.**

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Exton Plaza GP, L.L.C.

L95000000975

293 Wychmere Terrace

West Palm Beach, Florida 33414

Signed this 12/21/95 day of December, 1995.

Signature of all general partners:

EXTON PLAZA GP, L.L.C., General Partner

BY:

Roger Whyman
ROGER WHYMAN, Managing Member

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
Exton Plaza Associates, L.P., a Florida Limited Partnership, certify as fol-
 lows:

The amount of capital contributions to date of the limited partners is \$ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners
 at this time totals \$ 100.00.

This _____ day of December, 19 95.

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.

Exton Plaza GP, L.L.C.

By: [Signature]
 General Partner

 General Partner

 General Partner

 General Partner

 General Partner

 General Partner

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APPLICATION FOR
REINSTATEMENT
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF
REVENUE
DIVISION OF CORPORATIONS

A9500001986

DOCUMENT # A95000001986

1. Name of Limited Partnership
EXTON PLAZA ASSOCIATES, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address
c/o Exton Plaza GP, LLC

State Apt # etc
293 Wychmere Terrace
City & State
West Palm Beach FL 33414
Zip
33414 Country
Palm Beach

3. Principal Office Address
c/o Exton Plaza GP, LLC

State Apt # etc
293 Wychmere Terrace
City & State
West Palm Beach FL 33414
Zip
33414 Country
Palm Beach

4. Date Formed or Registered
To Do Business in Florida 12/19/95

5. FEI Number
22-3412746
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record
\$ 100.00

8b. Amount of Capital Contributions in
FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s) \$138.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Whyman, Roger A
293 Wychmere Terrace
West Palm Beach FL 33414

10. If changed, new registered agent/in office

Name
Street Address (P.O. Box Number is Not Acceptable)
State 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. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration
Document Number

Exton Plaza GP, LLC.

293 Wychmere Terrace

West Palm Beach FL

L95000000975

500001877895
-06/27/96--01021--017
***691.25 ***691.25

REINSTATEMENT 96-CM

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

Roger Whyman, Managing Member

DATE 6/10/96

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (4/95)