

100-142-8086

POST OFFICE MAIL,
1001 L. & FINANCIAL ST. BUREAU

COST LIMIT : \$ PREPAID

NAME: NEW PINE GLEN, LTD.

400001673174
-12/28/95--01071--005
***140.00 ***140.00

RECEIVED
95 DEC 26 AM 10:08
DIVISION OF CORPORATION

FILED

95 DEC 26 PM 3:00

SECOND LADY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

A9500000 203-1

81.000.00

12/19/95

11:59

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEW PINE GLEN, LTD.**

1. NEW PINE GLEN, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 5197 Pine Abbey Drive, South, West Palm Beach, Florida
(The Business Address of Limited Partnership)

3. Gary Posner
(Name of Registered Agent for Service of Process)

4. 5197 Pine Abbey Drive, South, West Palm Beach, Florida
(Florida Street Address for Registered Agent)

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

6. 5197 Pine Abbey Drive, South, West Palm Beach, Florida
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12-31-99

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

NEW PINE GLEN, INC.

5197 Pine Abbey Dr., South,
West Palm Beach, Florida

P930000 81978

FILED
95 DEC 26 PM 1:00
SEAL OF THE
TALLAHASSEE, FLORIDA

12/19/95

11:50

Signed this 19th day of December, 1995
Signature of all general partners:

General Partner

James D. Pasner
General Partner

General Partner

General Partner

General Partner

FILED
95 DEC 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/19/95

11:59

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
NEW PINE GLEN, LTD., 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 19th 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.

 General Partner

J. J. J. J.
 General Partner

 General Partner

 General Partner

 General Partner

 General Partner

FILED
 95 DEC 26 PM 2:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$800 PENALTY FEE

A95000002034
1996
DIVISION OF CORPORATIONS

FILED

96 JAN 31 PH 3:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

New Pine Glen, Ltd.

1a. DOCUMENT #

A95000002034

Mailing Address

Principal Office Address

5197 PINE ABBEY DR. SOUTH
WEST PALM BEACH, FL. 33415

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 26, 1995

3a. Date of Last Report

4. State or Country of Formation

FLORIDA

5a. Capital Contributions as Shown
on Record

\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$1,000.00

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 607.183, 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

GARY POSNER
5197 PINE ABBEY DR. SOUTH
WEST PALM BEACH, FL. 33415

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 620.182 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 620.182, 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)

New Pine Glen, Inc.

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

5197 PINE ABBEY DR.
SOUTH

11b. City, State & Zip Code

WEST PALM BEACH
FL. 33415

11c. Registration
Document Number

P93000081978

AR - \$52.50
SF - \$138.75
CWO - 8.75

1-31-96

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 effect 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 Gary D. Posner President

DATE

1/18/96

Typed or Printed Name of General Partner Signing Form

GARY D. POSNER

Telephone Number 407-641-0640

CR2E003 (6/95)