

# A96000001699

**CAPITAL CONNECTION, INC.**  
 417 E. Virginia St., Suite 11, Tallahassee, FL 32301, (904) 241-5270  
 Mailing Address Post Office Box 10019, Tallahassee, FL 32301  
 TOLL FREE 800. 1.800.342.0062  
 FAX (904) 222.1222

*Conservative Lines Ltd*

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_  
 \_\_\_\_\_  
 Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
           One Day Service    Two Day Service  
 us via \_\_\_\_\_ Return via \_\_\_\_\_  
 Order No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_  
 File Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

	C.O. FEE.	CHARGES
Capital Express™		
Art. of Inc. Filing		
Corp. Record Search		
✓ Ltd. Partnership Filing		
Foreign Corp. Filing		
( ) Cert. Copy(s)		
Art. of Amend. Filing		
Resolution/Withdrawal		
O.U.S.		
Full Name Filing		
Name Reservation		
Annual Report/Statement		
Reg. Agent Service		
Document Filing		
Corporate KRM		
Vehicle Search		
Driving Record		
Document Retrieval		
UDD I or S Filing		
UDD II Search		
UDD II Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( )		

RECEIVED  
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 96 SEP 12 AM 1:42

RECEIVED  
 DIVISION OF CORPORATIONS  
 96 SEP 12 AM 1:00

*TX!*

*312 9/12/96*

G. TAX \_\_\_\_\_  
 FILING \_\_\_\_\_  
 R. AGENT FEE \_\_\_\_\_  
 C. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

**SUBTOTALS**

FEE.....	
RESUBMITTED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
<b>SUBTOTAL.....</b>	<b>600001949596</b>
PREPARED.....	09/17/96 01143-010
BALANCE DUE.....	***140.00 ***140.00

QUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
NAME	_____	_____	OR No. _____

ALK-IN  
 Pick Up *9/12/96 12:00*

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, 10% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WILSHIRE PINES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 SEP 12 AM 10:42

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. Name of the Partnership. The name of the limited partnership ("Partnership") is WILSHIRE PINES, LTD., a Florida Limited Partnership.

2. Office Address. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.106 of the Florida Revised Uniform Limited Partnership Act. (1986) (the "Act") is:

3867 Midshore Drive  
Naples, Florida 33999

3. Office Agent for Service. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is John N. Brugger, Forsyth, Brugger & Bourgeau, P.A., 600 Fifth Avenue South, Suite 207, Naples, Florida 33940.

4. General Partner's Name and Address. The name and business address of each General Partner of the Partnership is as follows:

General Partner

Wilshire Pines Development Corporation

Business Address

3867 Midshore Drive  
Naples, Florida 33999

995000041184

5. Mailing Address of Limited Partnership. The mailing address for the Partnership is as follows:

3867 Midshore Drive  
Naples, Florida 33999

6. Term. The latest date upon which the Partnership is to dissolve is September 3, 2026, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, the undersigned have subscribed their hands and seals to this Certificate this 3rd day of September, 1996.

WITNESSES:

GENERAL PARTNER:

WILSHIRE PINES DEVELOPMENT  
CORPORATION, a Florida Corporation

Adrianne M. Gordon  
John N. Brugger

By:

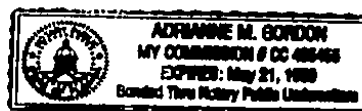
John N. Brugger, President

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 3rd day of September, 1996, by John N. Brugger, President of Wilshire Pines Development Corporation, a Florida Corporation, on behalf of the Corporation, who is personally known to me.

Adrianne M. Gordon  
Notary Public

My Commission Expires:



**ACCEPTANCE OF APPOINTMENT  
OF REGISTERED AGENT**

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Wilshire Pines, Ltd., a Florida Limited Partnership, hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act (1986).

  
John N. Brugger

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**AFFIDAVIT DECLARING AMOUNT OF  
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF  
WILSHIRE PINES, LTD.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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STATE OF FLORIDA

COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared JOHN N. BRUGGER, in his capacity as referenced below, who, being first duly sworn, stated as follows:

The limited partners' contributions to the Partnership total NINETY-NINE AND 00/100 DOLLARS (\$99.00) at this time and that there will be no further contributions of the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

WITNESSES:

GENERAL PARTNER:

WILSHIRE PINES DEVELOPMENT  
CORPORATION, a Florida Corporation

*Adrianne M. Gordon*  
*John N. Brugger*

By: \_\_\_\_\_

*John N. Brugger*  
John N. Brugger, President

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 3rd day of September, 1996, by John N. Brugger, President of Wilshire Pines Development Corporation, a Florida Corporation, on behalf of the Corporation, who is personally known to me.

*Adrianne M. Gordon*  
Notary Public

My Commission Expires:

