TOID A. STERZO Hoffland and Kn (Requestor's N 315 South Calla (Address) Tallahassec, F. (City, State, Z	eme) Dun Street Suite 600 lorida 32302	DITION OFFICE USE ONLY	FILEd STAT
CORPORATION NA 1. <u>Baysmore Ho</u>	· ME(S) & DOCUMENT NUM /c(, //d =ton Name)	BER(S) (if known):	SECRE LARY OF STATE BIVISION OF CORPORATIONS 96 SEP . M 8: 55
3(Corpore 4	ston Name)	(Document #) (Document #)	700001964697         -10/03/9601109019         ****1750.00         ****1750.00         700001964697         -10/03/9601109020
Walk in	Will wait Photocopy	(Document #)	******52.50 ******52.50 VISION SEP IN NUM OF C
NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer Change of Registered Agent Dissolution/Withdrawal Merger	/Director	IVED M 8 45
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	FILING R. AGENT FEE C. COPY TOTAL N. BANK BALANCE DUE 7FFHND	<u>17.50</u> <u>18 02.50</u>

BAYSHORE HOTEL CORPORATION 3016 U.S. Hwy. 301 North, Suite 400 Tampa, Florida 33619

September 24, 1996

Florida Department of State Sandra B. Morthan, Secretary of State Post Office Box 5588 Tallahassee, FL 32314

Re: Bayshore Hotel, Ltd.

To whom it may concern:

Please allow this letter to serve as a consent to the creation of a limited partnership **Oder** the name "Bayshore Hotel, Ltd." Bayshore Hotel Corporation will be the General Partner of Bayshore Hotel, Ltd. and it has no objection to similarity of the names of the corporation and limited partnership.

Sincerely,

**BAYSHORE HOTEL CORPORATION** 

By: )

30821-818

Susan R.L. Abrahamson Chair of the Board

## **CERTIFICATE OF LIMITED PARTNERSHIP**

1.	Bayshore Hotel, Ltd.	a	
	Name of Limited Partnership, must contain	a suffix such as "Lindicd", "Lid." or "Limited Partnership"	SE
2.	3016 U.S. Highway 301 North, Suit	e 400, Tampa, FL, 33619.	12 A
	(Business address of Limited Partnership)		
3.	Brian M. Ross, Esquire		9,00
	(Name of Registered Agent for Service of Pr	ocess)	STA
4.	100 South Ashley Drive, Suite 2200	. Tampa, FL, 33602.	
5.	By: TTUL	Archumption of Depictered Arout for Service of Depacers	IS IS
	(Registered Agent must sign here to accept d	designation of Registered Agent for Service of Process)	PAR
6.	Same as number 2 above.		_ <u>````</u> _
	(Mailing address of the Limited Partnership)	6. 	PORA
7.	The latest date upon which the Limited	d Partnership is to be dissolved is: January 1, 20	TIONS
8.	Name of General Partner(s):	Street Address:	<b>.</b>

**Bayshore Hotel Corporation** 

196000079213

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Suite 400 3016 U.S. Highway 301 North Tampa, FL 33619

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

Signed this 24th day of September, 1996.

BAYSHORE HOTEL CORPORATION, AS GENERAL PARTNER OF BAYSHORE HOTEL, LTD.

Laura By:⊯

Susan R.L. Abrahamson Chair of the Board

## AFFIDAVIT. OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the General Partners of Bayshore Hotel, Ltd., a Flori

1. the amount of capital contributions to date of the limited partners is \$0.00; and

2. the amount contributed and anticipated to be contributed by the General Partner.

and the Limited Partners at this time totals \$3,000,000.00.

Signed this 24th day of September, 1996.

FURTHER AFFIANT SAYETH NOT.

## BAYSHORE HOTEL CORPORATION, AS GENERAL PARTNER OF S BAYSHORE HOTEL, LTD.

Susan R.L. Abrahamson Chair of the Board

STATE OF FLORIDA COUNTY OF HILLSBOROUGH-SHADIA

BEFORE ME, the undersigned authority, personally appeared Susan R.L. Abrahamson as Chair of the Board of Bayshore Hotel Corporation, as General Partner of Bayshore Hotel, Ltd., who is either personally known to me or who has produced <u>FUEURA DENERS LAEUSE</u> as identification and who did take an oath and states that she executed the foregoing instrument and acknowledges that the statements listed above are true and correct.

WITNESS my hand and official seal this 24th day of September, 1996.

NOTARY PUBLIC, STATE OF FLORIDA My Commission Number: CC 543533 My Commission expires: 3/27/20+0

