

A96000001884 182750

OFFICE USE ONLY (Doc #)

CARLTON FIELDS

(Requestor's Name)

Post Office Drawer 190

(Address)

Tallahassee FL 32302 224-1585

(City, State, Zip) (Phone #) Nancy Hurd

OFFICE USE ONLY

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
96 OCT 10 AM 8:22

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. LINDFIELD'S RESERVE LIMITED PARTNERSHIP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) 600001975746--1  
-10/15/96--01244--010  
\*\*\*2175.00 \*\*\*1837.50
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 10/10

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Amendment                            |
| <input type="checkbox"/> | Resignation of R.A. Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent           |
| <input type="checkbox"/> | Dissolution/Withdrawal               |
| <input type="checkbox"/> | Merger                               |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

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

10/10/96  
G. TAX \_\_\_\_\_  
FILING 1750.00  
R. AGENT FEE 35.00  
C. COPY 52.50  
TOTAL 1837.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

Examiner's Initials BK

**CERTIFICATE OF LIMITED PARTNERSHIP**

THIS CERTIFICATE is made this 8 day of OCTOBER, 1996, by Lindresort L.C., a Florida limited liability company, which is the sole general partner of LINDFIELD'S RESERVE LIMITED PARTNERSHIP (the "Partnership"). The undersigned certifies as follows:

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1. The name of the limited partnership is LINDFIELD'S RESERVE LIMITED PARTNERSHIP.

2. The address of the office required to be maintained by the Partnership in Florida pursuant to Section 620.105 of the Florida Statutes is 2973 Vineland Road, Kissimmee, Florida 34746, and the name and address of the agent for service of process is Denise Assersohn, 2973 Vineland Road, Kissimmee, Florida 34746.

3. The name of the sole general partner of the Partnership is Lindresort L.C., and its business address is 2973 Vineland Road, Kissimmee, Florida 34746. L96000001064

4. The mailing address of the Partnership is 3900 South Roosevelt Blvd., Key West, Florida 33040.

5. The latest date upon which the Partnership is to dissolve is December 31, 2045.

6. This Certificate of Limited Partnership is made in accordance with Section 620.108 of the Florida Statutes.

LINDRESORT L.C., a Florida limited liability company

By: Denise I Assersohn  
Denise Assersohn  
Member

**AFFIDAVIT**

STATE OF Georgia  
COUNTY OF Cobb

**BEFORE ME**, the undersigned authority, personally appeared DENISE ASSERSON, who, being by me first duly sworn, deposes and says:

1. I am a member of Lindresort L.C., a Florida limited liability company, which is the sole general partner of LINDFIELD'S RESERVE LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), and I am duly authorized to execute this affidavit on behalf of the Partnership.

2. The amount of the actual capital contribution of the limited partners to the Partnership is \$600,000, which is the total amount anticipated to be contributed by the limited partners.

3. This affidavit is made in compliance with Section 620.108(1) of the Florida Statutes.

Denise Asserson  
DENISE ASSERSON

STATE OF Georgia  
COUNTY OF Cobb

Sworn to and subscribed before me this 8 day of October, 1996, by DENISE ASSERSON, as a member of Lindresort L.C., the sole general partner of LINDFIELD'S RESERVE LIMITED PARTNERSHIP, on behalf of the partnership. She (please check as applicable) /        / is personally known to me, or has produced / ✓ / her (state) driver's license, or /        / her (type of identification) as identification.

Ladita D. Overstreet  
(Signature)  
Name: Ladita D. Overstreet  
(Legibly Printed)

Notary Public, Cobb County, Georgia  
My Commission Expires July 20, 1999  
Serial No. \_\_\_\_\_  
Notary Public,  
State of Georgia

(AFFIX OFFICIAL SEAL)

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DIVISION OF CORPORATIONS  
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**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent to accept service of process for LINDFIELD'S RESERVE LIMITED PARTNERSHIP, a Florida limited partnership, at the place designated in the attached Certificate of Limited Partnership, the undersigned hereby accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

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Dated this 8 day of OCTOBER, 1996.

By:

Denise I Assersohn

DENISE ASSERSOHN  
Authorized Agent