

# A97000000504

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S), (if known):

1. Florida Shelf Project #16 Limited

(Corporation Name)

(Document #)

800002109518--9

-03/11/97--01031--010

2. Partnership

(Corporation Name)

(Document #)

\*\*\*\*210.00 \*\*\*\*105.00

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in☐ Pick up time☒ 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 checked="" 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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
97 MAR -6 PM 1:30  
DIVISION OF CORPORATION

AG-504

FF \$52.50  
Cert \$52.50

Name Availability	CR 37
Document Examiner	CR
Updater	CR
Updater Verifier	CR
Acknowledgment	CR

Examiner's Initials W. P. Verifier

CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP

FILED  
07 MAR - 6 10 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned, being the sole general partner of FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP, does hereby duly execute and file with the Florida Secretary of State this Certificate of Amendment to Certificate of Limited Partnership.

1. The name of the limited partnership is FLORIDA SHELF PROJECT #16 LIMITED PARTNERSHIP.
2. The date of filing of the original Certificate of Limited Partnership was February 27, 1997.
3. This Certificate of Amendment to the Certificate of Limited Partnership is being filed to reflect a change in the name of the Limited Partnership to:

**COACH HOMES-BOCA RATON LIMITED PARTNERSHIP**

and to reflect a name change of the sole general partner from FLORIDA SHELF #16 GP, L.C. to:

COACH HOMES-BOCA RATON GP, L.C.

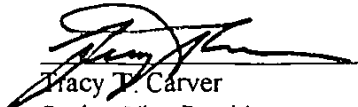
4. Except as hereby amended, the Certificate of Limited Partnership shall remain the same

**IN WITNESS WHEREOF**, the sole general partner has executed this Certificate of Amendment to Certificate of Limited Partnership on the 5th day of March, 1997.

SOLE GENERAL PARTNER:

COACH HOMES-BOCA RATON GP, L.C.,  
a Florida limited liability company  
General Partner

By: Hearthstone Advisors, Inc.,  
a California corporation  
Manager, an authorized representative

By:   
Tracy T. Carver  
Senior Vice President

FILED  
07 MAR -6 PM 2:27  
CLERK OF DISTRICT COURT  
JANUARY 1, 1900

**A9700000570**

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury which are subject to refund. The following information is submitted to substantiate the claim.

Name: Joe T. Martin, P.A. EIN or SS#: \_\_\_\_\_

Address: 416 South First Street  
Lake Wales, FL 33859-0949

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MAR 10 AM 8:51  
DIVISION OF CORPORATIONS

Amount: \$1,689.75 Date Paid 02/24/97

Reason for claim: Paid fee based on general partners capital contributions and

DOS fees are based on limited partners fees.

(Rawlings Family Limited Partnership #A97000000570) Cathy Mitchell, Reg. Sec.

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature \*\*SEE ATTACHED\*\*

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

*For Agency Use Only*

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 1,689.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01104-001 dated 02-24-97.

Name of Account \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection \_\_\_\_\_

It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations \_\_\_\_\_  
(Agency) (Authorized Signature and Title)

A97000000570

JOE L. MARTIN, P.A.  
ATTORNEY AT LAW  
POST OFFICE BOX 949  
LAKE WALES, FLORIDA 33859-0949

February 19, 1997

OFFICE LOCATION:  
416 SOUTH FIRST ST.  
TELEPHONE:  
(341) 676-6085

Secretary of State  
Div. of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Rawlings Family Limited Partnership

Dear Sir:

Enclosed are original and copy of Articles of Agreement for the Rawlings Family Limited Partnership, and original and one copy of the Certificate of Registered Agent form.

The amount of property the partnership will begin business is in excess of \$250,000.00. I enclose check for \$1,838.50 to cover the cost of maximum tax of \$1,750.00 and \$53.50 for sixteen pages for certified copy of articles of partnership and \$35.00 for registered agent fee.

Please send a certified copy of the Articles and Registered Agent with the filing information.

Thank you for your cooperation.

Yours very truly,

JOE L. MARTIN

8000002095676--3  
-02/24/97--01104--001  
\*\*\*1838.50 \*\*\*1638.50

\$148.75

JTM:bjm  
encl.



JOE T. MARTIN, P.A.  
ATTORNEY AT LAW  
POST OFFICE BOX 949  
LAKE WALES, FLORIDA 33859-0949

March 4, 1997

OFFICE LOCATION:  
416 SOUTH FIRST ST.  
TELEPHONE:  
(941) 676-6085

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314  
Attn: Cathy A. Mitchell, Corporate Specialist

Re: Rawlings Family Limited Partnership  
Reference No: W97000004476

Dear Ms. Mitchell:

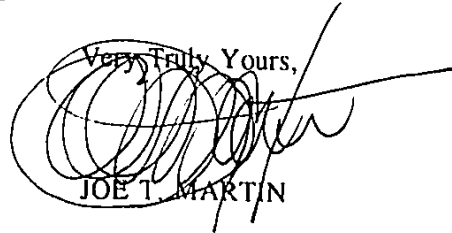
Enclosed is a Certificate of Limited Partnership and Affidavit of Capital Contributions, executed by the general partners. I enclose copy of your letter returning the agreement, and copy of my letter of February 19, 1997, enclosing the check in the amount of \$1,838.50.

Since the limited partners are making no contributions, and do not anticipate making any, the minimum stamps of \$52.50 would be required, rather than the \$1,750.00 maximum.

We request a certified copy of the Certificate showing the registered agent.

The \$52.50 for stamps, \$52.50 for a certified copy, and \$35.00 for registered agent and \$8.75 for the Certificate, totaling an amount due of \$148.75. You have \$1,838.50, therefore, we request a refund of \$1,689.75.

Please file and certify the enclosed Certificate and return to me with the refund of \$1,689.75. Thank you for your assistance in this matter.

Very Truly Yours,  
  
JOE T. MARTIN

JTM/emr