

# A99000000488

## FILING COVER SHEET

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 26 AM 11:14

REFERENCE:

0171. 6166

DATE:

3/26/99

A99000000488

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

Newport Partner XLI, LTD

STATE FEES PREPAID WITH CHECK # 711 FOR \$ 1785.00

PLEASE FILE:

200002819862--8  
-03/26/99--01059--011  
\*\*\*1785.00 \*\*\*1785.00

- ( ) ARTICLES OF INC. ( ) AMENDMENT ( ) DISSOLUTION  
( ) ANNUAL REPORT ( ) MERGER ( ) WITHDRAWAL  
( ) QUALIFICATION (X) LIMITED PARTNERSHIP ( ) ANNUAL REPORT  
( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) REINSTATEMENT  
( ) TRADEMARK/SERVICE ( ) UCC-1 ( ) UCC-3

PROVIDE US WITH:

- ( ) CERTIFIED COPY ( ) CERTIFICATE OF STATUS (X) STAMPED COPY

99 MAR 26 AM 10:35

Examiner's Initials

RECEIVED

NR  
3/26/99

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**NEWPORT PARTNERS XLI, LTD.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.205 of the Florida Statutes, hereby states the following:


1. The name of the Partnership is Newport Partners XLI, Ltd.
2. The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.
3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.
4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
Newport Partners, Inc.	300 International Parkway
	Suite 270
V35049	Heathrow, Florida 32746
5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.
6. The latest date upon which the Partnership shall dissolve is December 31, 2044.
7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 25th day of March, 1999.

GENERAL PARTNER

NEWPORT PARTNERS, INC., a Florida corporation

By:   
Peter S. Cahall, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Peter S. Cahall

Date: March 25, 1999

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DIVISION OF CORPORATIONS  
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STATE OF FLORIDA

COUNTY OF SEMINOLE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared PETER S. CAHALL, President of NEWPORT PARTNERS, INC., the sole general partner of NEWPORT PARTNERS XLI, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$555,000.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.


FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


GENERAL PARTNER

NEWPORT PARTNERS, INC.

Date: March 25, 1999

By:   
Peter S. Cahall, President

Sworn to and subscribed before me this 25th day of March, 1999, by PETER S. CAHALL, President of NEWPORT PARTNERS, INC., as General Partner on behalf of NEWPORT PARTNERS XLI, LTD., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: \_\_\_\_\_.

  
Print Name: Bonnie L. Pratte  
Notary Public - State of Florida  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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