

A-990000020301

October 20, 1999

State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Filing of Limited Partnership Agreement

Enclosed please find copies of BLOSE FAMILY LIMITED PARTNERSHIP, INC.
Agreement for filing with the State of Florida.

Please return validated copies to:

Tracy A. Blose, General Partner
Blose Family Limited Partnership
3814 S.E. 4th Avenue
Cape Coral, FL 33903

Our check in the amount of \$68.00 is enclosed to cover filing fees.

Our office phone is (813) 574-1400 should there be any questions.

Sincerely,

Tracy A. Blose
Tracy A. Blose,
General Partner

200003023682--0
-12/02/99-01084-001
*****19.50 *****19.50

200003023682--0
-10/25/99-01085-016
*****68.00 *****68.00

Encls

W99-25008

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 29, 1999

TRACY A. BLOSE
3814 S.E. 4TH AVE.
CAOE CORAL, FL 33903

SUBJECT: BLOSE FAMILY LIMITED PARTNERSHIP
Ref. Number: W99000025008

We have received your document for BLOSE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$68.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation (120 days nonrenewable)	\$35
Amendment (other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions \$7 per \$1000 on increase only (\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report \$7 per \$1000 of invested capital (\$52.50 minimum - \$437.50 maximum) plus Supplemental Fee of \$138.75	
Reinstatement	

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(\$500 for each year or part thereof the
partnership was revoked plus the delinquent
annual report fees)

There is a balance due of \$19.50.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 799A00052097

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

BLOSE FAMILY LIMITED PARTNERSHIP

1.

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

3814 S.E. 4th Avenue
Cape Coral, FL 33904

2.

(The Business Address of Limited Partnership)

L. RANDALL HACK
1508 S.E. 17th Avenue, Suite 5
Cape Coral, FL 33990

3.

(Name of Registered Agent or Service of Process)

L. RANDALL HACK
1508 S.E. 17th Avenue, Suite 5
Cape Coral, FL 33990

4.

(Florida Street Address for Service of Process)

5.

L Randall Hack

(Registered Agent must sign here to accept designation as Registered Agent for
Service of Process)

BLOSE FAMILY LIMITED PARTNERSHIP
3814 S.E. 4th AVENUE
Cape Coral, FL 33903

6.

(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is
December 31, 2025

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Tracy A. Blose

3814 S.E. 4th Avenue
Cape Coral, FL 33904

Tracy A. Blose

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**BEFORE ME, the undersigned constituting all of the general partners of
BLOSE FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership,
certify as follows:**

The amount of contributions to date of the limited partners is \$1,000.00.

**The total amount contributed and anticipated to be contributed the limited
partners at this time totals \$1,000.00.**

FURTHER AFFIANT SAYETH NOT.

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

**Signed this 20th day of October, 1999 in the City of Cape Coral, Lee County,
Florida.**

Signature of all general partner(s):


Tracy A. Blose, General Partner

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