

# 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

Encls

200003023682--0  
-12/02/99--01084--001  
\*\*\*\*\*19.50 \*\*\*\*\*19.50  
200003023682--0  
-10/25/99--01085--016  
\*\*\*\*\*68.00 \*\*\*\*\*68.00

W99-25008

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DIVISION OF CORPORATIONS  
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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 (15 pages or less, \$1 for each additional page after initial 15 pages)	\$52.50
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

<b>8. NAME OF GENERAL PARTNER(S)</b>	<b>SPECIFIC ADDRESS</b>
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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. Blase  
Tracy A. Blase, General Partner

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