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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 325521 10820A
AUTHORIZATION : *Patricia Pajito*
COST LIMIT : \$ 96.25

FILED
05 APR 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 20, 2005

ORDER TIME : 4:40 PM

ORDER NO. : 325521-020

CUSTOMER NO: 10820A

CUSTOMER: Ms. Nancy Barnes
Carey O'malley Whitaker &
712 South Oregon Avenue

Tampa, FL 33606

FOREIGN FILINGS

NAME: CABANA SOUTH BEACH APARTMENTS
LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

FILED
05 APR 21 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Cabana South Beach Apartments LP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 4/18/2005
(State of Formation) (Date of Formation)

5. David H. Fort
(Name of Registered Agent for Service of Process)

6. 4422 Southwest 85th Way,
(Street Address of Registered Office)

Gainesville Florida 32608
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

David H. Fort
(Agent must sign on this line)

8. 4422 Southwest 85th Way

Gainesville, Florida 32608
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

Cabana SB of Gainesville, Inc. 4422 Southwest 85th Way, Gainesville, Florida 32608

P0000098481

10. 4422 Southwest 85th Way, Gainesville, Florida 32608
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 4422 Southwest 85th Way, Gainesville, Florida 32608

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 8th day of April, 2005.

CABANA SB OF GAINESVILLE, INC.

By: David H. Fort

David H. Fort, President of Cabana SB of Gainesville, Inc.,
General Partner

STATE OF FLORIDA

COUNTY OF ALACHUA

On this 8th day of April, 2005,

David H. Fort, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Elizabeth Rubels
(Notary Public Signature)

Elizabeth Rubels
(Notary's Printed Name)



Elizabeth Rubels
My Commission DD284722
Expires February 06, 2008

Seal

My Commission Expires: 2/6/08

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared David H. Fort, President of the
a general partner of Cabana South Beach Apartments LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1000.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 8th day of April, 2005.

CABANA SB OF GAINESVILLE, INC.

By: David H. Fort

David H. Fort, ^{General Partner} President of Cabana SB of Gainesville, Inc.
General Partner

STATE OF Florida

COUNTY OF Alachua

On this 8th day of April, 2005,

David H. Fort, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Elizabeth Rubels
(Notary Public Signature)

Elizabeth Rubels
(Notary's Printed Name)

Seal

My Commission Expires: 2/16/08

