

JAN-08-95

FROM: KIRK PINKERTON

ID: 813364118

PAGE 2

# B9500000009

1/06/95

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM

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((H95000000234))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE  
STATE OF FLORIDA  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

FROM: KIRK PINKERTON, A PROFESSIONAL ASSOC  
720 S ORANGE AVE

SARASOTA FL 34236- 8-

FAX: (904) 922-4000

CONTACT: VEANNA J MCCARREN

PHONE: (813) 364-2409

FAX: (813) 364-2490

((H95000000234))

DOCUMENT TYPE: FOREIGN LIMITED PARTNERSHIP

NAME: LINSKY FAMILY LIMITED PARTNERSHIP

FAX AUDIT NUMBER: H95000000234

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/06/1995

TIME REQUESTED: 13:28:50

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 3

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Final	NJC

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95 JAN -6 PM 2:29  
DIVISION OF CORPORATIONS

**KIRK PINKERTON**  
A Professional Association  
720 SOUTH ORANGE AVENUE  
SARASOTA, FLORIDA 34236  
Telephone (813) 364-2400  
Telecopier (813) 364-2490

DATE: 1-6-95

TO: Division of Corporations

CITY/STATE: Tallahassee, FL

TELECOPY NO.: (904) 922-4000

CONFIRMING TELEPHONE NO.: (904) 487-6900

FROM: Veanna McAhren

TOTAL NUMBER OF PAGES (including this page): 5

ADDITIONAL INFORMATION: Please show the  
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Shamba

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TIME: \_\_\_\_\_

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Florida Department of State, Jim Smith, Secretary of State

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

1. Linsey Family Limited Partnership  
(Name of limited partnership as it is in the home state;

2. Alfred S. Ross, Ltd.  
(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. March 26, 1990  
(State of Formation) (Date of Formation)

5. Timothy S. Shaw  
(Name of Registered Agent for Service of Process)

6. 720 S. Orange Avenue  
(Street Address of Registered Office)

Sarasota Florida 34236  
(City) (Zip Code)

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

[Signature]  
(Agent must sign on this line)

8. The Prentice Hall Corporation System, Inc.  
32 Lockerman Square, Suite L-100, Dover, DE 19904  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Alfred S. Ross

SPECIFIC ADDRESS

2780 S. Ocean Blvd., Apt. 512  
Palm Beach, FL 33480

10. c/o LRF Investments, Inc., 189 Wells Avenue, Suite 4, Newton, MA 02159  
(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 cancelled or withdrawn.

12. 2780 S. Ocean Blvd., Apt. 512, Palm Beach, FL 33480  
(Mailing Address of Limited Partnership)

Prepared by: William E. Robertson  
Kirk Pinkerton, 720 S. Orange Avenue, Sarasota, FL 34236  
(813)364-2433  
Atty Bar #: 436607

This 6<sup>th</sup> day of January, 1995.

[Signature]  
General Partner - Alfred S. ROSS

STATE OF Florida  
COUNTY OF Sarasota

THE FOREGOING instrument was acknowledged and sworn to before me this 6<sup>th</sup> day of January, 1995, by Alfred S. Ross (Name of General Partner) of

Linscy Family Limited Partnership  
(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership. He provided a Florida drivers license as identification

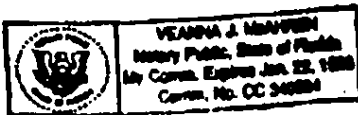
[Signature]

Notary Public

State of \_\_\_\_\_ at Large

My Commission Expires:

(SEAL)



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Alfred S. Ross   
general partner of Linsey Family Limited Partnership, 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 \$ 11,053,594.14.

2. The anticipated amount of the capital contributions of the limited partners that are allo-  
cated for the purposes of transacting business in Florida is \$ 0.00.

This 6<sup>th</sup> day of January, 1995

**FURTHER AFFIANT SAYETH NOT.**

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

General Partner  
Alfred S. Ross  
Alfred S. Ross

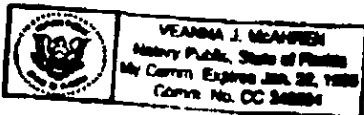
STATE OF Florida  
COUNTY OF Sarasota  
DATE 1-6-95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to  
take acknowledgments in and for the State and County set forth above, personally appeared  
Alfred S. Ross (General Partner, known to me and know by me to  
be the person who executed the foregoing Affidavit of Capital Contributions, and he ack-  
nowledged to me and before me that he executed this Affidavit as General Partner of said  
partnership. He provided a Florida drivers license  
as identification

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the  
State and County aforesaid, this 6<sup>th</sup> day of January,  
19 95.

Deanna J. McAdams  
Notary Public

Seal



State of \_\_\_\_\_ at Large  
My Commission Expires: \_\_\_\_\_

B95000000009

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: Kirk - Pinkerton / Attn: Judy Rosenteld EIN or SS#: \_\_\_\_\_

Address: 720 South Orange Avenue  
Sarasota, FL 34236

Amount: 385.00 Date Paid \_\_\_\_\_

Reason for claim: Limited Partnership Reinstatement refund due to overpayment of fees.

Kenny Manning/Registration

B95000000009/Alfred S. Ross, Ltd.

Certified true and correct this 15th day of July, 1996.

Signature David M. Silberstein

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

DAVID M. SILBERSTEIN

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 385.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01127.001 dated 07/09/96

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 608/0182

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)

RECEIVED  
96 JUL 7 AM 10:25  
DIVISION OF CORPORATIONS

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

**B9500000009**

FILED

96 JUL -1 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # B9500000009

1. Name of Limited Partnership  
**ALFRED S. ROSS, LTD.**

2. Mailing Address  
**2780 S. Ocean Blvd.**

Suite, Apt. # etc.  
**Apt. 512**

City & State  
**Palm Beach, FL**

Zip  
**33480**

Country  
**U.S.A.**

3. Principal Office Address  
**2780 S. Ocean Blvd.**

Suite, Apt. # etc.  
**Apt. 512**

City & State  
**Palm Beach, FL**

Zip  
**33480**

Country  
**U.S.A.**

4. Date Formed or Registered  
To Do Business in Florida **1/6/95**

5. FEI Number  
**65-0179442**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SR Additional Fee required for a Certificate of Status

7. State or Country of Formation **Florida**

8a. Capital Contributions as Shown  
on Record  
**0**

8b. Amount of Capital Contributions  
FLORIDA to date  
**0**

**FEES:** 1) Filing Fees: Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office.  
2) Supplemental Fees: \$138.75 for each year due this office beginning with 1992 calendar year.  
3) Penalty Fees: \$500 penalty fee for each year (except term is delinquent).  
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

**Timothy S. Shaw, Esq.  
Kirk Pinkerton  
720 South Orange Ave.  
Sarasota, Florida 34236**

10. If changed, how registered agent notified

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partners:

Address of Each General Partner  
(Do NOT use Post Office Box Numbers)

City, State and Zip Code

11a. Registration Document Number

**Alfred S. Ross**

**2780 S. Ocean Blvd.  
Apt. 512**

**Palm Beach, FL 33480**

**700001888217  
-07/09/96--01127--001  
\*\*\*1076.25 \*\*\*1076.25**

**REINSTATEMENT**

**96 kwm  
over-payment  
385.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information submitted is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 6, Florida Statutes.

SIGNATURE

*Alfred S. Ross*  
**Alfred S. Ross**

DATE

**5/19/96**

Telephone Number

**617/565-4100**

Typed or Printed Name of General Partner Signing Form

CR2E039 (4/95)