B95000000213

John B. Beaton, P.C. Atty. At Law
(Requestor's Name)
4425 Corporation Lane #160
(Address)
Virginia Beach, VA 23462
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
95 JUN 13 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. C.B. Enterprises, III, Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

600001502426
-05/31/95--01097--001
***125.00 ***210.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

CM

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

Florida Department of State, Jim Smith, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. C.B. Enterprises, III, L/P. Limited Partnership
(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. Virginia (State of Formation) 4. 3/2/95 (Date of Formation)

5. Donald P. Dufresne, Esquire
(Name of Registered Agent for Service of Process)

6. 12788 Forest Hill Boulevard, Suite 2003
(Street Address of Registered Office)

West Palm Beach (City), Florida 33414 (Zip Code)

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

_____
(Agent must sign on this line)

8. 4425 Corporation Lane, Suite 190, Virginia Beach, VA 23462
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
Christopher A. Bush	912 C. Avenue Virginia Beach, VA 23451

10. 4425 Corporation Lane, Suite 190, Virginia Beach, VA 23462
(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. 4425 Corporation Lane, Suite 190, Virginia Beach, VA 23462
(Mailing Address of Limited Partnership)

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95 JAN 13 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 18th day of April, 1995.

General Partner

STATE OF Virginia
City
COUNTY OF Virginia Beach

THE FOREGOING instrument was acknowledged and sworn to before me this 18th day of April, 1995, by Christopher A. Bush (Name of General Partner) of C.B. Enterprises, III, L/P. Limited Partnership (Name of Limited Partnership), A Virginia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public
State of Virginia at Large

(SEAL)

My Commission Expires:
8-31-98

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Christopher A. Bush, a general partner of C.B. Enterprises, III, L/P Limited Partnership (an) Virginia limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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TALLAHASSEE FLORIDA

1. The amount of capital contributions of the limited partners is $25,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 25,000.00.

This 18th day of April, 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

STATE OF Virginia
COUNTY OF Virginia Beach
DATE April 18th, 1995

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 Christopher A. Bush (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 18th day of April, 19 95.

Notary Public

Seal

State of Virginia at Large
My Commission Expires:
8-31-98

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR -5 PM 4:25

1. Name of Limited Partnership

1a. DOCUMENT # **B95000000213**

C.B. ENTERPRISES, III, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
4425 CORPORATION LANE	4425 CORPORATION LANE
SUITE 180	SUITE 180
VIRGINIA BEACH VA 23462	VIRGINIA BEACH VA 23462

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

000001784530
04/18/96--01003--007
****61.25 ****313.75

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
06/13/1995		VA

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$25,000.00		54-1753360	Applied For / Not Applicable	$ Additional Fee required for a Certificate of Status ☐

8. **FEES:** 1.) Filing Fee Computed at rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum Law fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $13.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
DUFRESNE, DONALD P ESQUIRE 12788 FOREST HILL BOULEVARD SUITE 2003 WEST PALM BEACH FL 33414	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). I hereby 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BUSH, CHRISTOPHER A	912 C. AVENUE	VIRGINIA BEACH VA 234	

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied 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 620, Florida Statutes.

SIGNATURE _____ DATE 4-4-96

Typed or Printed Name of General Partner Signing Form: Christopher A Bush Telephone Number: 804-463-7440

CR2E003 (11/95)