B95000000233

Sunstate [illegible]
(Requester's Name)
PO Box 11271
(Address)
Tallahassee FL 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 PM 12:08

000001527760
-06/30/95--01004--014
*****87.50 *****87.50

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

1. Shamrock Adventure XII, Ltd
(Corporation Name) (Document #)
2. ______
(Corporation Name) (Document #)
3. ______
(Corporation Name) (Document #)
4. ______
(Corporation Name) (Document #)

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95 JUN -2 AM 11:31
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☒ Walk in ☐ Pick up time ______ ☒ Certified Copy
☐ Mail out ☒ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

C. TAX ______
FILING ~~87.50~~ 52.50
R. AGENT FEE 35.00
C. COPY 5
TOTAL 87.50
N. BANK ______
BALANCE DUE ______
REFUND ______

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☒	Foreign
☒	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

6/27/95

Examiner's Initials [illegible]

CR2E031(10/92)

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DIVISION OF CORPORATIONS
95 JUN 27 PM 12: 08

Florida Department of State, Jim Smith, Secretary of State

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

1. Shamrock Adventure XII, Ltd.
(Name of limited partnership as it is in the home state;

2 Shamrock Adventure XII, 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. Texas
(State of Formation)

4. April 19, 1995
(Date of Formation)

5. Corporation Company of Miami
(Name of Registered Agent for Service of Process)

6 201 South Biscayne Boulevard, 1600 Miami Center
(Street Address of Registered Office)

Miami , Florida 33131
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.
Corporation Company of Miami
By: Jill B. Zammas
(Agent must sign on this line) Jill Zammas, Asst. Secretary

8. 2401 Fountainview, Suite 801, Houston, Texas 77057
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS — SPECIFIC ADDRESS

ChrisMart, Inc. — 12210 Valley Star, Houston, Texas 77024

F95000003100

10. 2401 Fountainview, Suite 801, Houston, Texas 77057
(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. 2401 Fountainview, Suite 801, Houston, Texas 77057
(Mailing Address of Limited Partnership)

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DIVISION OF CORPORATIONS
95 JUN 27 PM 12: 08

This 10th day of May, 19 95.

CHRISMART, INC.,

BY: Martin T. Hogan

General Partner

STATE OF TEXAS

COUNTY OF Harris

THE FOREGOING instrument was acknowledged and sworn to before me this 10th day of May, 19 95, by Martin T. Hogan, President of ChrisMart, Inc., a Texas corporation, General Partner of Shamrock Adventure XII, Ltd., a Texas limited partnership, on behalf of said limited partnership. He is personally known to me or has produced ______ as identification and did (did not) take an oath.

Deborah A. McClure

Print Name: Deborah A. McClure

Notary Public

State of Texas at Large

(SEAL)

My Commission Expires:

12-16-97

DEBORAH A. MCCLURE
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-16-97

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Martin T. Hogan, President of ChrisMart, Inc., a Texas corporation, general partner of Shamrock Adventure XII, Ltd., a Texas limited partnership, hereinafter referred to as "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $490.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $490.00.

This 10th day of May, 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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 PM 12: 08

GENERAL PARTNER:
CHRISMART, INC., a Texas corporation

BY: Martin T. Hogan
Martin T. Hogan, President

STATE OF Texas
COUNTY OF Harris

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 Martin T. Hogan, President of ChrisMart, Inc., General Partner of Shamrock Adventure XII, Ltd., a Texas limited partnership, known to me and known 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 on behalf of said Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 10th day of May, 1995.

Deborah A. McClure
Print Name Deborah A. McClure
Notary Public, State of Texas
Commission No. ________
My Commission Expires 12-16-97

(SEAL)

DEBORAH A. McCLURE
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-16-97

ORLANDO 80821.1 - BBS

B95000000233

OFFICE USE ONLY (Document #)

Shamrock Adventure XII, Ltd.
(Requestor's Name)

2401 Fountainview Ste 801
(Address)

Houston, Tx 77057
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

500001680675
-01/05/96--01095--018
*****52.50 *****52.50

1. ______________________ (Corporation Name) (Document #)
2. ______________________ (Corporation Name) (Document #)
3. ______________________ (Corporation Name) (Document #)
4. ______________________ (Corporation Name) (Document #)

FILED 95 DEC 22 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

increasing to $9800

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX ______
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R. ______
C ______
T ______
R ______
BALANCE DUE ______
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Examiner's Initials	dcl

CR2E031(9/92)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF TEXAS §
§
COUNTY OF HARRIS §

BEFORE ME, the undersigned authority, personally appeared Martin T. Hogan, who, upon being duly sworn, did depose and say:

1. He is the President of ChrisMart, Inc., a Texas corporation.

2. ChrisMart, Inc. is the sole general partner of Shamrock Adventure XII, Ltd., a Texas limited partnership.

3. As of December 19, 1995, the total amount of capital contributed to Shamrock Adventure XII, Ltd. is $980.00

4. This Affidavit is given to comply with the applicable requirements of Florida law relating to the registration of a foreign limited partnership to do business in the State of Florida

FURTHER AFFIANT SAYETH NOT.

FILED
95 DEC 22 PM 2:40
FLORIDA

Martin T. Hogan

STATE OF TEXAS)
)
COUNTY OF HARRIS)

The foregoing instrument was acknowledged before me this 19th day of December, 1995 by Martin T. Hogan, President of ChrisMart, Inc., sole general partner of Shamrock Adventure XII, Ltd., a Texas limited partnership, on behalf of the corporation. He is personally known to me and did take an oath.

DEBORAH A. MCCLURE
NOTARY PUBLIC
State of Texas
Comm. Exp. 12-16-97

Notary Public

Deborah A. McClure
My Commission Expires: 12/16/97

FLORIDA.AFF

THIS DOCUMENT PREPARED BY: James G. Willard, Esq.
Shutts & Bowen
20 N. Orange Ave., Ste. 1000
Orlando, FL 32801

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

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

FILED
95 DEC 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

SHAMROCK ADVENTURE XII, LTD.

1a. DOCUMENT #
B95000000233

Mailing Address
2401 FOUNTAINVIEW, SUITE 801
HOUSTON TX 77057

Principal Office Address
2401 FOUNTAINVIEW, SUITE 801
HOUSTON TX 77057

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. 300001678543
-01/04/96--01072--019

City, State & Zip ****200.00 ****200.00

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
06/27/1995	N/A	TX

5a. Capital Contributions as Shown on Record.	**5b.** Amount of Capital Contributions in FLORIDA to date:	**6.** FEI Number
$490.00	$980.00	76-0467128

7. CERTIFICATE OF STATUS REQUIRED

- X Applied For
- Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (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

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

10. If changed, new Registered Agent/Office

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

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
CHRISMART, INC.	12210 VALLEY STAR	HOUSTON TX 77024	F95000003100

Clear ans doc

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 Martin T. Hogan

Typed or Printed Name of General Partner Signing Form Martin T. Hogan, President, ChrisMart, Inc.

DATE December 19, 1995

Telephone Number (713) 785-3092

CR2E003 (6/95)