

Document Number Only

1395000000 234

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DIVISION OF CORPORATION

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 27 PM 1:14

The Dolphin Capital Fund Limited Partnership

100001527761

-06/30/95--01004--015

\*\*\*\*\*87 50 \*\*\*\*\*87 50

- ☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☐ Amendment  
☐ Merger  
☐ Dissolution/Withdrawal  
☐ Mark  
☒ Limited Partnership  
☐ Reinstatement  
☐ Annual Report  
☐ Reservation  
☐ Other  
☐ Change of H.A.  
☐ Fictitious name f  
☐ Certified Copy  
☐ Photo Copies  
☐ CUS  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out  
☐ Call if Problem  
☐ Will Wait  
☐ After 4:30  
☒ Pick Up
- 4/27/95

Name	
Availability	PM
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

10-27

3pm

PLEASE RETURN EXTRA COPIES  
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G. TAX  
FILING 52.50  
R. AGENT FEE 35.00  
C. COPY  
TOTAL 87.50  
N. BANK  
BALANCE DUE  
FIND

G. TAX  
FILING 52.50  
R. AGENT FEE  
C. COPY  
TOTAL  
N. BANK  
BALANCE DUE  
FIND

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. THE DOLPHIN CAPITAL FUND 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. Delaware

(State of Formation)

4. June 23, 1995

(Date of Formation)

5. Bartholomew P. Bacon

(Name of Registered Agent for Service of Process)

6. 12232 North 56th Street

(Street Address of Registered Office)

Tampa

(City)

Florida

33617

(Zip Code)

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

*Bartholomew P. Bacon*

(Officer must sign on this line)

Bartholomew P. Bacon

(Type Name and Title of Officer)

8. 1209 Orange Street, Wilmington, Delaware 19801

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

Dolphin Capital Management, Inc.

12232 North 56th Street  
Tampa, Florida 33617

894 00006110

10. 12232 North 56th Street, Tampa, Florida 33617

(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. 12232 North 56th Street, Tampa, Florida 33617

(Mailing Address of Limited Partnership)

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DIVISION OF CORPORATIONS  
JUN 27 PM 1:14

This 24th day of June, 19 95

DOLPHIN CAPITAL MANAGEMENT, INC.

General Partner

Bartholomew P. Bacon, President

STATE OF Florida

COUNTY OF Hillsborough

THE FOREGOING instrument was acknowledged and sworn to before me this 24th day of June, 19 95, by Bartholomew P. Bacon, President of (Name of General Partner) of DOLPHIN CAPITAL MANAGEMENT, INC.  
The Dolphin Capital Fund Limited Partnership  
(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public

State of Florida at Large

(SEAL)

My Commission Expires:



JO ANNA PYLE  
My Comm Exp. 7/12/98  
Bonded By Service Inc  
No. C991824  
☐ Personally Known ☒ Not Known

FLA DL B255 675 59 2030

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 27 PM 1:14

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Bartholomew P. Bacon, President of  
Dolphin Capital Management, Inc. a  
Delaware, limited partnership, hereinafter referred to as the "Partnership", who  
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1.00.
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 \$ 1.00.

This 24th day of June, 19 95.

**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  
**DOLPHIN CAPITAL MANAGEMENT, INC.**  
By: Bartholomew P. Bacon  
Bartholomew P. Bacon, President

STATE OF Florida  
COUNTY OF Hillsborough  
DATE June 24, 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 ap-  
peared Bartholomew P. Bacon (General Partner, 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 as General Partner of said  
partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the  
State and County aforesaid, this 24th day of June,  
19 95.

Seal

[Signature]  
Notary Public  
State of Florida at Large  
My Commission Expires:



JO ANNA PYLE  
My Comm Exp. 7/12/98  
Bonded By Service Inc  
No. C391824  
(I Personally Know) (Not a P.A.)

# B95000000234

C T CORPORATION SYSTEM

(Requestor's Name)

(Address)

TALLAHASSEE, FL

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

800001587948  
-09/19/95--01054--022  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

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

1. THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 13 10:34 AM '95

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 13 PM 3:46

9/13/95

Examiner's Initials

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of The Dolphin Capital Fund Limited  
Partnership, a (d/f)  
Delaware limited partnership, ex-  
ecuted this supplemental affidavit filed pursuant to section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the pur-  
pose of transacting business in Florida is \$ 1,000.

This 7<sup>th</sup> day of September, 19 95.

**FURTHER AFFIANT SAYETH NOT.**

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

General Partner

DOLPHIN CAPITAL MANAGEMENT, INC.

By: Bartholomew P. Bacon

Bartholomew P. Bacon  
President

FILED  
SECRETARY OF CORPORATIONS  
95 SEP 13 PM 3:46

Document Number Only

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-03/19/95--01054--021  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 13 PM 3:46

AGENT FEE 52.50

COPY

TOTAL 52.50

CASH

BALANCE DUE

REFUND

The Delphid Capital Fund Limited Partnership

B/K 9/13/95

- ☐ Profit
- ☐ NonProfit
- ☐ Limited Liability Company
- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Certified Copy
- ☐ Call When Ready
- ☒ Walk In
- ☐ Mail Out
- ☐ Amendment
- ☐ Dissolution/Withdrawal
- ☐ Annual Report
- ☐ Reservation
- ☐ Photo Copies
- ☐ Call if Problem
- ☐ W/M Wait
- ☐ Merger
- ☐ Mark
- ☐ Other
- ☐ Change of R.A.
- ☐ Fictitious Name
- ☐ CUS/ G/S
- ☐ After 4:30
- ☒ Pick Up

Name
Available By
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00  
9-13-95

Please file Simultaneously

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CR2E031 (1-89)

CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 SEP 13 PM 3:46

The Dolphin Capital Fund Limited Partnership  
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173 Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:  
the registered office, address of office where names, addresses and contributions of Limited Partners are kept, mailing address of the Limited Partnership and address of the general partner are all changed to: 8875 Hidden River Parkway, Tampa, FL 33637

By:

[Signature]  
(Signature of a General Partner)

Bartholomew P. Bacon  
(Typed or printed name of General Partner signing above)

STATE OF FLORIDA

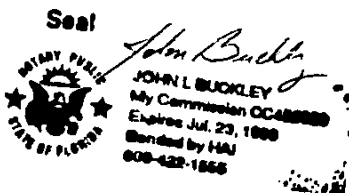
COUNTY OF HILLSBOROUGH

On this 8<sup>TH</sup> day of September, 19 95, Bartholomew P. Bacon personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of

[Signature]  
(Notary Public Signature)  
John L. Buckley  
(Notary's Printed Name)

My Commission Expires: July 23, 1999







# DOLPHIN CAPITAL MANAGEMENT INC.

8875 Hidden River Parkway  
Suite 220  
Tampa, Florida 33637  
TEL. 813.979.6000  
FAX 813.975.9562

B95000000234

January 27, 1997

Division of Corporations  
Attn: Director, Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

600002080886--5  
-02/07/97--01002--007  
\*\*\*1750.00 \*\*\*1750.00

Dear Sir/Madam:

Please find enclosed the 1997 Limited Partner Annual Report filing for The Dolphin Capital Fund Limited Partnership, Document# B95000000234. This filing includes an updated and executed 1997 Limited Partnership Annual Report ("AR"), a Supplement Affidavit of Capital Contributions for a Foreign Limited Partnership updating section 5(a) of the AR, and 4 separate checks to cover the following fees associated with such filing:

1997 Filing fee (\$7 per \$1000 on amt. in section 5(b) of AR):	\$410.62
Supplemental affidavit fee (at the stated maximum):	\$1,750.00
Supplemental filing fee:	\$138.75
Certificate of Status fee:	\$8.75
<b>TOTAL:</b>	<b>\$2,308.12</b>

Although the deadline for filing the AR was December 31, 1996, we have been granted a 30-day extension of deadline by the office of Sandra Mortham, Florida Secretary of State. Please contact Christina Collins, Assistant to the Secretary of State, to verify such extension as necessary.

Please acknowledge your receipt of the enclosed materials by stamping the extra copy of this letter and returning it to Dolphin Capital Management Inc. in the self-addressed and stamped envelope, which is also enclosed.

FILED

97 JAN 31 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	If you have any questions or require further information, please contact Charles Moses at the above number.
Availability	
Document Examiner	Sincerely, DCC
Updater	[Signature]
Updater	Bartholomew P. Bacon
Updater	President, Dolphin Capital Management Inc.
Updater	General Partner of The Dolphin Capital Fund Limited Partnership
Updater	DCC

C. TAX \_\_\_\_\_  
FILING 1,750.00  
R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
N. DAKIN \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

increasing to  
\$50,000.00

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FOREIGN LIMITED PARTNERSHIP**


The undersigned General Partner of The Dolphin Capital Fund Limited Partnership, a Delaware limited partnership, executed this supplemental affidavit pursuant to section 620.176, Florida Statutes. The total anticipated amount of the capital contributions of the limited partners that may be allocated for the purpose of transacting business in Florida is \$50,000,000.

Pursuant to section 620.182(4), Florida Statutes, accompanying this affidavit is a check in the amount of \$1,750.00.

This 27th day of January, 1997.

**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.



Bartholomew P. Bacon  
President, Dolphin Capital Management Inc.  
General Partner of The Dolphin Capital Fund Limited Partnership

**FILED**  
**97 JAN 31 PM 12:00**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

835 OCT -2 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP

DOCUMENT #  
B95000000234

Mailing Address  
1000 NORTH 20TH STREET  
TAMPA FL 33617

Principal Office Address  
1200 ORANGE STREET  
WILMINGTON DE 19801

2. New Mailing Address (If Applicable)  
8875 Hidden River Parkway  
Suite, Apt. #, etc. SUITE 220  
City, State & Zip TAMPA, FL 33637

2a. New Principal Office (If Applicable)  
8875 Hidden River Parkway  
Suite, Apt. #, etc. SUITE 220  
City, State & Zip TAMPA, FL 33637

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 04/27/1995

5a. Capital Contributions as Shown  
on Record \$1.00

5b. Amount of Capital Contributions in  
FLORIDA to date 1,000.00

4. State or Country of Formation  
DE

6. FEI Number

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 of \$52.50 and a maximum of \$52.50 and a maximum of \$138.75.  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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 fee of \$200.00.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

7. CERTIFICATE OF STATUS REQUIRED  
100001607834  
-10/11/95-61136-023  
\*\*\*200.00 \*\*\*200.00

9. Name and Address of Current Registered Agent  
BACON, BARTHOLOMEW P  
12232 NORTH 20TH STREET  
TAMPA FL 33617

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
8875 Hidden River Parkway  
Suite, Apt. #, etc. SUITE 220  
City, State & Zip TAMPA, FL 33637

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)  
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

DOLPHIN CAPITAL MANAGEMENT,

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)  
1000 NORTH 20TH STREET  
8875 Hidden River Parkway  
Suite 220

11b. City, State & Zip Code  
TAMPA FL 33617 33637

11c. Registration/  
Document Number  
F900000110

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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE - BACON, BARTHOLOMEW P.  
Typed or Printed Name of General Partner Signing Form

DATE Sep 29, 1995  
Telephone Number (813) 977-6000

CR2E003 (6/95)