

Document Number Only

B9500000 0343

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 SEP 27 PM 2:03

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

100001603021
-10/06/95--01034--013
***52.50 ***52.50

1000016030221
-10/06/95--01034--020
***1785.00 ***1785.00

Dern Partners Limited Partnership

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☒ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name	
Availability	AK 9/27/95 3:00
Document Examiner	9/27/95
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

C. TAX _____
FILING _____ 1756.51
R. AGENT FEE _____ 35.00
C. COPY _____ 52.50
TOTAL _____ 1837.51
N. BANK _____
BALANCE DUE _____
RECEIVED _____

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

file 2nd

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 SEP 21 PM 2:03

1. DERN PARTNERS L.P.

(Name of limited partnership as it is in the home state;

2. DERN PARTNERS LIMITED PARTNERSHIP

(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. 9-22-95

(Date of Formation)

5. C T CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

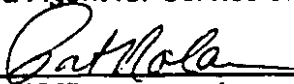
(City)

, Florida

33324

(Zip Code)

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



(Officer must sign on this line)

Patrick Nolan, Assistant Secretary

(Type Name and Title of Officer)

8. c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 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

Oxford Capital Management, I.L.C.

6745 Woodbridge Dr., Boca Raton, FL 33434

m95000000284

10. 6745 Woodbridge Drive, Boca Raton, FL 33434

(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. 6745 Woodbridge Drive, Boca Raton, FL 33434

(Mailing Address of Limited Partnership)

This 20th day of September, 1995.

Alvin Dern, President

General Partner

Alvin Dern, Member of the G.P.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 27 PM 2:03

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOREGOING instrument was acknowledged and sworn to before me this 20 day of Sept, 1995, by ALVIN DERN (Name of General Partner) of

OXFORD CAPITAL MANAGEMENT, L.L.C.

(Name of Limited Partnership), A DELAWARE (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]

Notary Public

State of FLORIDA at Large

(SEAL)

My Commission Expires:

July 23, 1999

GREGORY ROVENTINI
Notary Public, State of Florida
No. CC 483003
Commission Expires July 23, 1999

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Alvin Dern, a Member of the, ☒ general partner of Dern Partners L.P., 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 \$ 400,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 400,000.

This 20th day of September, 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

Alvin Dern, President
Alvin Dern, Member of the Gen. Partner

STATE OF Florida
COUNTY OF Palm Beach
DATE 9/20/95

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 ALVIN DERN, PRESIDENT (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 20th day of September, 1995.

GREGORY ROVENTINI
Notary Public

Seal

State of FLORIDA at Large

My Commission Expires:

July 23, 1999

GREGORY ROVENTINI
Notary Public, State of Florida
No. CC 483003
Commission Expires July 23, 1999

895000000343

DERN PARTNERS, L.P.

6745 Woodbridge Drive • Boca Raton, FL 33434
Tel: (407) 883-0740 • Fax: (407) 482-4055

SENT BY CERTIFIED U.S. MAIL

600001701766
-01/30/96--01103--008
***1750.00 ***1750.00

January 18, 1996

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Partnership Section

Re: Limited Partnership Annual Report

Dear Sir or Madam:

895000000343

FILED
96 JAN 23 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed are the following documents:

1. Limited Partnership Annual Report 1996
2. Supplemental Affidavit of Capital Contributions for a Foreign Limited Partnership
3. Check #801 made payable to Florida Dept. of State in the amount of \$576.25 (representing the filing fee and the supplemental fee)
4. Check #802 made payable to Florida Dept. of State in the amount of \$1,750.00 (representing the fee pursuant to Supplemental Affidavit of Capital Contributions for a Foreign Limited Partnership)

Please be advised that on December 28, 1995, we spoke to Nanette Causseaux of your office who advised us of our need to send the Supplemental Affidavit in addition to the Annual Report. After we advised her that the Supplemental Affidavit was not sent to us in the original package, she further advised us that we would not be penalized as long as the filings were made prior to January 31, 1996. We relied on this advice and are making this filing on this date.

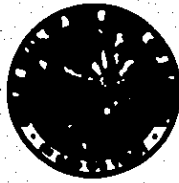
If you have any questions, please call me.

Sincerely yours,
Oxford Capital Management L.L.C.,
the General Partner of Dern Partners L.P.


By: Alvin Dorn, President

FF \$1,750.00

1-26-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
96 JAN 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

The undersigned general partners of Dern Partners L.P.

a(an) Delaware

Limited Partnership, executed 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
purpose of transacting business in Florida is: \$ 950,000.

This 18th day of January, 19 96.

FURTHER AFFLIANT 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(s)

Oxford Capital Management L.L.C.

Alvin Dern, President

By: Alvin Dern, President

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

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

B9500000343

FILED

95 JAN 23 PM 1:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership Dern Partners L.P.	1a. DOCUMENT # B9500000343
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DO NOT WRITE IN THIS SPACE

Mailing Address 6745 Woodbridge Drive Boca Raton, FL 33434	Principal Office Address 6745 Woodbridge Drive Boca Raton, FL 33434
--	---

2. New Mailing Address If Applicable N/A
Suite Apt # etc 500001701919
City State & Zip -01/30/96-01106-023

3. Date Formed or Registered to Do Business in FLORIDA 9/27/95	3a. Date of Last Report Initial Rpt.	4. State or Country of Formation Delaware
--	--	---

2a. New Principal Office Address If Applicable N/A
Suite Apt # etc
City State & Zip

5a. Capital Contributions as Shown on Record 400,000	5b. Amount of Capital Contributions in FLORIDA to date 950,000	6. FEI Number 65-061-4382
--	--	-------------------------------------

Applied For	7. CERTIFICATE OF STATUS REQUIRED <input type="checkbox"/>
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 \$4,250.
2) Supplemental Fee: \$138.75 (pursuant to section 607.123, 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 CT Corporation System 1200 South Pine Island Road Plantation, FL 33324
--

10. If changed, new Registered Agent/Office N/A
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 620.102, 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) _____ 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) Oxford Capital Management, L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6745 Woodbridge Dr.	11b. City, State & Zip Code Boca Raton, FL 33434	11c. Registration Document Number M95000000284
---	---	--	--

AR - \$437.50
SF - \$138.75
1-26-96a

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 Alvin Dern, Member
Typed or Printed Name of General Partner Signing Form **Alvin Dern, Member**

DATE 1/16/96
Telephone Number **(407) 883-0740**

CR2E003 (6/95)

Document Number Only

B95000000343

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

100001933301

08/27/96--01120--011

*****35.00 *****35.00

56 AUG 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dern Partners L.P.

☐ Profit

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☐ Mark

☐ Limited Partnership

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☐ Other

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☐ Reservation

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☐ Limited Liability Partnership

☐ Fictitious Name

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Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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8/27/96

8/27

John R.A. Charge

CR2E031 (1-89)

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes,
the undersigned limited partnership organized under the laws of the state of

Delaware, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

Dern Partners L.P.

2. The date of filing/registration in Florida:

9-27-95

3. Document number assigned:

B95000000343

4. The name and address of the present registered agent and office:

CT CORPORATION SYSTEM

c/o CT Corporation System, 1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

Mr. Alvin Dern

6745 Woodbridge Drive

Boca Raton, FL 33434

Such change was authorized by the general partners. By: Oxford Capital Management, L.L.C., G.

SIGNATURE: By: *Alvin Dern*
General Partner Alvin Dern, member

Date: 8/19/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE
TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: *Alvin Dern*

(Officer)

Alvin Dern

(Type Name and Title of Officer)

Date: 8/19/96

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE 4

(F1 - LP 2824 - 2/1/97)

Filing Fee: \$35.00

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96 AUG 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA