

Document Number Only

395000000348

C T CORPORATION SYSTEM

Requester'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 OCT -2 PM 2:24

300001607500
-10/21/95--01120--024
*****87.50 *****87.50

General Lessee, L.P., Limited Partnership

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Limited Liability Company | ☐ Annual Report | ☐ Other |
| ☐ Foreign | ☐ Reservation | ☐ Change of H.A. |
| ☒ Limited Partnership | ☐ Photo Copies | ☐ Fictitious Name |
| ☐ Reinstatement | ☐ Call # Problem | ☐ CUB/ O/R |
| ☐ Certified Copy | ☐ Call # Well | ☐ After 4:30 |
| ☐ Call When Ready | | ☒ Pick Up |
| ☒ Walk In | | |
| ☐ Mail Out | | |

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

10/2/95
30

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

C. TAX	
FILING	52.50
R. AGENT FEE	35.00
C. COPY	
TOTAL	87.50
N. BANK	
BALANCE DUE	
REMOVED	

CH2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. Gencam Lessee, 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. Delaware
(State of Formation)

4. June 7, 1995

(Date of Formation)

5. CT 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.

CT CORPORATION SYSTEM

(Officer must sign on this line)

DANIEL P. IRKINAHON - ASST SECY
(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

Gencam Lessee Company, LLC

SPECIFIC ADDRESS

One Westchase Center
10777 Westheimer, Suite 1000
Houston, Texas 77042

10. One Westchase Center, 10777 Westheimer, Suite 1000, Houston, Texas 77042
(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. One Westchase Center, 10777 Westheimer, Suite 1000, Houston, Texas 77042

(Mailing Address of Limited Partnership)

**SIGNATURE PAGE
TO
APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(GENCOM LESSEE, L.P.)**

This 27, day of September, 1995.

General Partner:

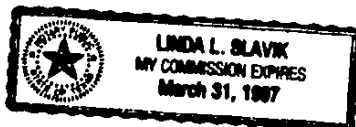
GENCOM LESSEE COMPANY, LLC

By: [Signature]
Karim Alibhai,
Member and Sole Manager

STATE OF TEXAS

COUNTY OF DALLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 27th, day of September, 1995, by Karim Alibhai, Member and Sole Manager of Gencom Lessee Company, LLC, a Texas limited liability company, in its capacity as General Partner of GENCOM LESSEE, L.P., a Delaware Limited Partnership, on behalf of such limited liability company on behalf of the Limited Partnership.



[Signature]
NOTARY PUBLIC, STATE OF TEXAS

My commission expires:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Karim Alibhai, member and sole manager of Gencom Lessee Company, LLC, general partner of Gencom Lessee, L.P., 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 \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

This 29th 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:

GENCOM LESSEE COMPANY, LLC

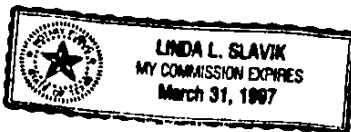
By: _____

Karim Alibhai,
Member and Sole Manager

STATE OF TEXAS

COUNTY OF DALLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 29th day of September, 1995, by Karim Alibhai, Member and Sole Manager of Gencom Lessee Company, LLC, a Texas limited liability company, in its capacity as General Partner of GENCOM LESSEE, L.P., a Delaware Limited Partnership, on behalf of such limited liability company on behalf of the Limited Partnership.



L. L. Slavik
NOTARY PUBLIC, STATE OF TEXAS
My commission expires: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT -2 PM 2:24

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAR 28 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000348

GENCOM LESSEE, L.P., LIMITED PARTNERSHIP

Mailing Address

ONE WESTCHASE CENTER
10777 WESTHEIMER, SUITE 1000
HOUSTON TX 77042

Principal Office Address

1200 ORANGE STREET
WILMINGTON DE 19801

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

2. Date Forwarded or Registered to the Business in
FLORIDA
10/02/1995

3a. Date of Last Report

4. State or Country of Formation
DE

5a. Capital Contributions as Shown
on Record
\$99.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FST Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$6.75 Additional Fee required
for a Certificate of Status

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 \$437.50 (\$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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

State Apt # etc

City

Zip Code

FL

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)

GENCOM LESSEE COMPANY, LLC

11a. Address of Each General Partner
(Do not check Pre-emptive Box for this item)

10777 WESTHEIMER, SUITE

11b. City, State & Zip Code

HOUSTON TX 77042

11c. Registration
Document Number

B95000000206

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

12. I 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)(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 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

By: Karm Alubrai, Lessee Company, LLC, a Texas limited liability company

Typed or Printed Name of General Partner Signing Form

Karm Alubrai, Sole Manager

DATE

Telephone Number **713-952-7800**

CR2E903 (11/95)