

Landmark Title

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~~RECEIVED~~

895 000000352

October 6, 1995

Return To

PIU ASAP

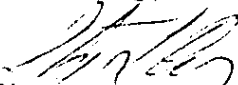
Attorney's Title Insurance Fund, Inc.
Corporate Information Products
660 East Jefferson Street, Suite 200
Tallahassee, Florida 32301

Dear Sir/Madam:

Enclosed is the Application by Foreign Limited Partnership for Authorization to Transact Business in Florida, and Affidavit of Capital Contributions regarding E.W. One Limited Partnership.

Also enclosed, is a check in the amount of \$140.00 payable to the Secretary of State for filing fees and certified copy. Moreover, a check in the amount of \$20.00 payable to the Secretary of State for filing fees and rush fee. After filing please return the certified copy in the enclosed Airborne envelope.

Sincerely,


Steven L. Craig

SLC/kls

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -9 PM 3:58

37c
10/9/95

U. TAX	52.50
FILING	35.00
R. AGENT FEE	51.50
C. COPY	140.00
TOTAL	
N. BANK	
BALANCE DUE	
RECEIVED	

2000001607422
-10/11/95--01122--011
****140.00 ****140.00

Sandra B. Mortham, Secretary of State

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

1. E.W. One Limited Partnership
(Name of limited partnership as it is in the home state)

2. N/A
(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 4. Nov. 4, 1994
(State of Formation) (Date of Formation)

5. Steven L. Craig
(Name of Registered Agent for Service of Process)

6. 2701 Okeechobee Blvd., Suite 200
(Street Address of Registered Office)

West Palm Beach, Florida 33409
(City) (Zip Code)

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

See General Partner Signature
(Agent must sign on this line)

8. 2701 Okeechobee Blvd., Suite 200, West Palm Beach, FL 33409
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

SPECIFIC ADDRESS

E. W. One, Inc. A Florida Corporation
pg 4000063371

10. 2701 Okeechobee Blvd., Suite 200, West Palm Beach, FL 33409
(Office where Names, Addresses and Contributions of Limited Partners are kept)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT - 5 PM 3: 51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT - 9 PM 3: 58

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. 2701 Okeechobee Blvd., Suite 200, West Palm Beach, FL 33409
(Mailing Address of Limited Partnership)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:57

This 6th day of October, 1995.
E.W. One, Inc., A Florida Corporation
BY: [Signature]
General Partner

STATE OF Florida

COUNTY OF Palm Beach

THE FOREGOING instrument was acknowledged and sworn to before me this 6th day

of October, 1995, by Steven L. Craig, as President of *
E. W. One, Inc., as general partner of
& R.A. (Name of General Partner)

E.W. One Limited Partnership, a Delaware
(Name of Limited Partnership)

Limited Partnership, on behalf of E.W. One
Limited Partnership. (State or Country)

* personally
known to me

[Signature]
Notary Public

State of Florida at Large

(SEAL)

My Commission Expires: _____



SHERRY J. SHAVERDI
MY COMMISSION # CC319936 EXPIRES
October 27, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -9 PM 3:58

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

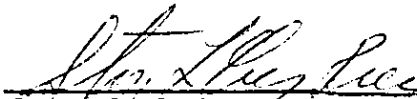
BEFORE ME the undersigned personally appeared of Steven L. Craig, as President E.W. One, Inc. a Florida Corporation, a general partner of E.W. One Limited Partnership, a Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

This 6th day of October, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.



Steven L. Craig, as President of E.W. One, Inc.
a Florida Corporation, a partner of E.W. One Limited Partnership, a Delaware Limited Partnership

State of Florida

County of Palm Beach

Date 10-06-95

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 Steven L. Craig, as President (General Partner), known to me and known by me to be of E.W. One, Inc. * 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 6th day of October, 1995.

* personally
known to me



Notary Public

Seal



SHERRY J. SHAVERDI
MY COMMISSION # CCS19936 EXPIRES
October 27, 1997
BONDED THRU TROY FAIR INSURANCE, INC.

State of _____ at Large

My commission expires: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 9 PM 3:58

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 Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

E.W. One Limited Partnership

1a. DOCUMENT #

895000000352

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite Apt # etc

300001663753
-12/18/95--01022--016

City State & Zip

***191.25 ***191.25

2a. New Principal Office Address, if Applicable

Suite Apt # etc

City State & Zip

Mailing Address

2701 Okeechobee Boulevard
Suite 200
West Palm Beach, FL 33409

Previous Office Address

Same

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

3. Date Formed or Registered to Do Business in
FLORIDA

10-9-95

3a. Date of Last Report

NA

4. State or Country of Formation

Delaware

5a. Capital Contributions as Shown
on Record

100.00

5b. Amount of Capital Contributions in
FLORIDA to date

100.00

6. FEI Number

65-0572279

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1.) Filing Fee. Computed at 2% 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. \$178.75 (pursuant to section 607.183, 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

Steven L. Craig
2701 Okeechobee Boulevard
Suite 200
West Palm Beach, FL 33409

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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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

E.W. One, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2701 Okeechobee Blvd.
Suite 200

11b. City, State & Zip Code

West Palm Beach, FL
33409

11c. Registration
Document Number

894000063371

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 19.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 19.07(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 I 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

Typed or Printed Name of General Partner Signing Form

E.W. ONE INC. by Steven L. Craig Pres

DATE

12/7/95
4078816500

CR2E003 (6/95)