

Document Number Only

B95000000381

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 25 PM 3:46

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

100001625551
-11/02/95--01022--022
****148.75 ****148.75

NLP Covered Bridge National Associates, L.P., Ltd.

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☒ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☒ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call If Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name	
Availability	B/K
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (1-89)

10/25/95

3:00

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2. AGENT FEE
3. COPY
TOTAL
4. BANK
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FILING

B/K
10/25/95

Florida Department of State, Jim Smith, Secretary of State

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

1. NLP COVERED BRIDGE NATIONAL ASSOCIATES, L.P., LTD.
(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. Texas
(State of Formation)

4. _____
(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, Florida 33324
(City) (Zip Code)

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

C T CORPORATION SYSTEM

CONNIE BRYAN (Officer must sign on this line)
SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. 10670 N. Central Expressway, Suite 600, Dallas, Texas 75231
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

Covered Bridge NLP, Inc.

10670 N. Central Expressway
Suite 600
Dallas, Texas 75231

F95000005235

10. 10670 N. Central Expressway, Suite 600, Dallas, Texas 75231
(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. 10670 N. Central Expressway, Suite 600, Dallas, Texas 75231
(Mailing Address of Limited Partnership)

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DIVISION OF CORPORATIONS
95 OCT 5 PM 3:44

This 23rd day of October, 19 95

COVERED BRIDGE NLP, Inc.

General Partner

By: [Signature]

STATE OF Texas Robert A. Waldman, Secretary

COUNTY OF Dallas

THE FOREGOING instrument was acknowledged and sworn to before me this 23rd day of Oct., 19 95, by Robert A. Waldman, Secretary (Name of General Partner) of

Covered Bridge NLP, Inc., general partner of NLP Covered Bridge National Associates, L.P.

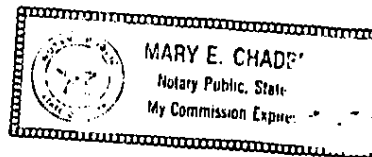
(Name of Limited Partnership), A Texas (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]
Notary Public

State of Texas at Large

My Commission Expires:

(SEAL)



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DIVISION OF CORPORATIONS
95 OCT 25 PM 3:46

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared BRUCE A. ENDENDYK
 general partner of LIP COVER CORPORATION (an) SOUTHERN LP, LTD
 certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,000.

This 25th day of October, 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
Bruce A. Endendyk

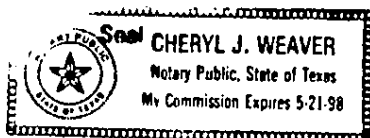
STATE OF TEXAS
 COUNTY OF DALLAS
 DATE 10/25/95

FILED
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 DIVISION OF CORPORATIONS
 95 OCT 25 PM 3:44

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 BRUCE A. ENDENDYK (General Partner, known to me and know 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 WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of OCTOBER, 19 95.

Cheryl Weaver
 Notary Public



State of TEXAS at Large
 My Commission Expires: 5-21-98

FILE ON OR BEFORE DECEMBER 31, 1998 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND SEED PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra M. Murrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 29 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

NLP COVERED BRIDGE
NATIONAL ASSOCIATES, L.P., LTD.

1a. DOCUMENT #

B95000000381

Mailing Address

10670 N. Central Expressway
Suite 600
Dallas, TX 75231

Principal Office Address

10670 N. Central Express-
way
Suite 600
Dallas, TX 75231

3. Date Formed or Registered to Do Business in
FLORIDA

10/26/95

3a. Date of Last Report

4. State or Country of Formation
Texas

5a. Capital Contributions as Shown
on Record

\$1000.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$1000.00

6. FEI Number

75-2618230

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 607.183, 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).
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
Plantation, FL 33324

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)

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)

Covered Bridge NLP, Inc.

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

10670 North Central
Expressway
Suite 600
Dallas, TX 75231

11b. City, State & Zip Code

11c. Registration/
Document Number

F95000005235

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

BY:

COVERED BRIDGE NLP, INC.

CHERYL WEAVER, ASST. SECRETARY

DATE

12/19/95

Typed or Printed Name of General Partner Signing Form

Telephone Number

214-692-4759

CR2E003 (6/95)