Document Number Only

B95000000381

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PH 3:44

100001625591
-11/02/95--01022--022
****148.75 ****148.75

CORPORATION(S) NAME

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

() Profit
() NonProfit
() Limited Liability Company
() Foreign
(X) Limited Partnership
() Reinstatement
(X) Certified Copy
() Call When Ready
(●) Walk In
() Mail Out

() Amendment
() Dissolution/Withdrawal
() Annual Report
() Reservation
() Photo Copies
() Call if Problem
() Will Wait

() Merger
() Mark
() Other
() Change of R.A.
() Fictitious Name
(X) CUS / G/S
() After 4:30
(●) Pick Up

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

10/25/95
3:00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

TAX cus	8.75
FILING	52.50
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	148.75
R. BANK	
BALANCE DUE	
REFUND	

BK
10/25/95

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. 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.")

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DIVISION OF CORPORATIONS

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 (City), Florida 33324 (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)

This 23rd day of October, 19 95.

COVERED BRIDGE NLP, Inc.
General Partner

By: _____
Robert A. Waldman, Secretary

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 3:44

STATE OF Texas
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.

_____
Notary Public
State of Texas at Large
(SEAL) My Commission Expires:

MARY E. CHADD
Notary Public, State
My Commission Expire

(FLA - LP 2819)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared BRUCE A. LINDENDYK general partner of [illegible], a(n) [illegible] L.P. LTD. ________, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 1,000.

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

[signature]
General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 3:44

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

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 BRUCE A. LINDENDYK (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

Seal CHERYL J. WEAVER
Notary Public, State of Texas
My Commission Expires 5-21-98

State of TEXAS at Large

My Commission Expires:
5-21-98

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

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

FILED
95 DEC 29 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
. NLP COVERED BRIDGE
. NATIONAL ASSOCIATES, L.P., LTD.

1a. DOCUMENT # B95000000381

Mailing Address
10670 N. Central Espressway
Suite 600
Dallas, TX 75231

Principal Office Address
10670 N. Central Expres-
way
Suite 600
Dallas, TX 75231

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

2. New Mailing Address if Applicable
Suite, Apt. # etc.
City, State & Zip

2a. New Principal Office Address if Applicable
Suite, Apt. # etc.
City, State & Zip

4886A168895 14
-01/10/96--01027--007
****191.25 ****191.25

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 607 193, 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

OR 1-8

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) _____ 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Covered Bridge NLP, Inc.	10670 North Central Expressway Suite 600 Dallas, TX 75231		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 do 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 CHERYL WEAVER Telephone Number 214 692-4759

CR2E003 (6/95)