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11- 3-95 : 15:23 : HILL/HARD/HENDERSON-

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11/03/95

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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2:42 PM

((H95000012389))

TO: DIVISION OF INVESTIGATION
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 222-4900

FROM: HILL, WARD & HENDERSON, P.A.
101 E KENNEDY BLVD
SUITE 2700
TAMPA FL 33602-8184002-
CONTACT: BARBARA A MURPHY
PHONE: (813) 221-3900
FAX: (813) 221 8000

((H95000012389))

DOCUMENT TYPE: FOREIGN LIMITED PARTNERSHIP

NAME: TOWN AND COUNTRY HOLDINGS OF MINNESOTA, A LIMITED PA

FAX AUDIT NUMBER: H95000012389
DATE REQUESTED: 11/03/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: \$1,837.50

CURRENT STATUS: REQUESTED
TIME REQUESTED: 14:42:07
CERTIFICATE OF STATUS: 0
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ACCOUNT NUMBER: 072317001716

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000012389))

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6032-02

5 Pages

RECEIVED
NOV-3 1995
DIVISION OF CORPORATIONS

11-3

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

1. Town and Country Holdings, a Limited Partnership, a Minnesota Limited Partnership
(Name of limited partnership as it is in the home state)
2. Town and Country Holdings of Minnesota, a Limited Partnership, a Minnesota Limited Partnership
(If name is unavailable, state under which the limited partnership purports to register or transact business in Florida; must contain the word "LIMITED" OR "LTD.")
3. Minnesota
(State of Formation)
4. November 2, 1995
(Date of Formation)
5. Don Brann
(Name of Registered Agent for Service of Process)
6. 5625 Forest Haven Circle
(Street Address of Registered Office)
Tampa, Florida 33615
(City) (Zip Code)
7. Acceptance by Registered agent for Service of Process.
Don Brann
(Registered agent's signature)
8. 5625 Forest Haven Circle, Tampa, Florida 33615
(Address of registered office required in state of formation or, if not required, address of principal office)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS
Irene S. Bartram 5831 Cedar Lake Road
St. Louis Park, Minnesota 55416
10. 5831 Cedar Lake Road, St. Louis Park, Minnesota 55416
(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. 5831 Cedar Lake Road, St. Louis Park, Minnesota 55416
(Mailing Address of Limited Partnership)

This 16th day of November, 1995.

Ornel G. Bartram
General Partner

Prepared by: S. Katherine Frazier, Esq.
Hill, Ward & Henderson, P.A.
PO Box 2231, Tampa FL 33601
(813) 221-3900
FL Bar #962457

((H95000012389)))

SENT BY:


:11- 3-85 : 15:24 : HILL/WARD/MENDERSOHN-

: 8 3

((H95000012389))

STATE OF MINNESOTA
COUNTY OF HENNEPIN

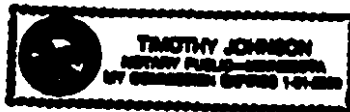
The foregoing instrument was acknowledged before me this 18 day of November, 1995 by Irene S. Bartram, a general partner of Town and Country Holdings, Ltd., a Minnesota limited partnership. She is personally known to be or has produced a Minnesota picture identification driver's license as identification.


Notary Public

(Type, Print or Stamp Name)

Commission Number: _____

My Commission Expires: _____



((H95000012389))

(((H95000012389)))

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Irene S. Bartram, a general partner of Town and Country Holdings, Inc., a Minnesota limited partnership, hereinafter referred to as the "Partnership," who certifies as follows:

1. The amount of capital contributions of the limited partners is \$2,374,904.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$2,374,904.00.

This 1st day of November, 1995.

FURTHER AFFIANT SAYETH NOT.

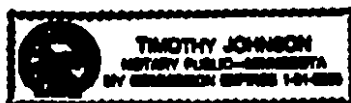
Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

By: Irene S. Bartram

STATE OF MINNESOTA
COUNTY OF HENNEPIN

The foregoing instrument was acknowledged before me this 1st day of November, 1995 by Irene Bartram, a general partner of Town and Country Holdings, Ltd., a Minnesota limited partnership, on behalf of the partnership. She is personally known to be or has produced a Minnesota picture identification driver's license as identification.



[Signature]
Notary Public

(Type, Print or Stamp Name)

Commission Number: _____

My Commission Expires: _____

(((H95000012389)))

((H95000012389)))

State of Minnesota

SECRETARY OF STATE

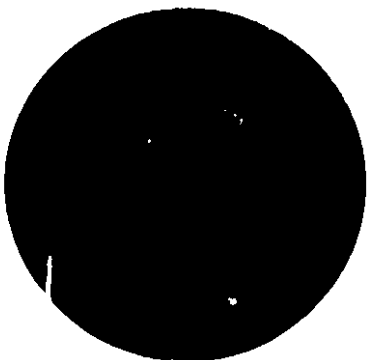
CERTIFICATE OF GOOD STANDING

I, Joan Anderson Grove, Secretary of State of Minnesota, do certify that: The limited partnership named below is a limited partnership formed under the laws of Minnesota; that the limited partnership was formed pursuant to Minnesota Statutes 322A by the filing of a Certificate of Limited Partnership with the Office of the Secretary of State on the date listed below; and that this limited partnership is authorized to do business as a limited partnership at the time this certificate is issued.

Name: Town and Country Holdings, a Limited Partnership

Date Filed: November 2, 1995

This certificate has been issued on November 2, 1995.



Joan Anderson Grove
Secretary of State.

((H95000012389)))

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAR 22 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership:

1a. DOCUMENT #
B95000000394

TOWN AND COUNTRY HOLDINGS OF MINNESOTA, A LIMITED PARTNERSHIP

Mailing Address

5831 CEDAR LAKE RD.
ST. LOUIS PARK MN 55416

Principal Office Address

5825 FOREST HAVEN CIRCLE
TAMPA FL 33615

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

3. Date Formed or Registered to Do Business in
FLORIDA
11/03/1995

3a. Date of Last Report

4. State or Country of Formation
MN

5a. Capital Contributions as Shown
on Record
\$2,374,904.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$ 2,374,904.00

6. FEI Number
Applied For

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
☒ Additional Fee required for Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b, 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

De 3.25
1576.25

9. Name and Address of Current Registered Agent

BRANN, DON
5825 FOREST HAVEN CIRCLE
TAMPA FL 33615

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 Number)

11b. City, State & Zip Code

11c. Registration/
Document Number

BARTRAM, IRENE S

5831 CEDAR LAKE RD.

ST. LOUIS PARK MN 554

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 furnished 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee authorized to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Irene S. Bartram*

DATE 3.11.96

Typed or Printed Name of General Partner Signing Form IRENE S. BARTRAM

Telephone Number 612 525 2000

CR2EG03 (11/95)