B95000000443

1201 Hays Street
Tallahassee, FL 32301
800-142-8086

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -8 PM 2:57

ACCOUNT NO. : 072100000032

REFERENCE : 759660 5380A

AUTHORIZATION : Patricia Pyjut

COST LIMIT : ~~$ 525.00~~ 140.00

ORDER DATE : December 8, 1995

ORDER TIME : 3:41 PM

ORDER NO. : 759660

CUSTOMER NO: 5380A

CUSTOMER: Denie H. Noah, Esq
Henderson Franklin Starnes &

1715 Monroe Street
Fort Myers, FL 33901

Please give the 8th File date.

FOREIGN FILINGS

S00001658215

NAME: JACKSON DOWNS, L.P.

XX PROFIT
____ NON-PROFIT

____ CORPORATE
XX LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

RECEIVED
95 DEC -8 PM 4:21
DIVISION OF CORPORATION

CONTACT PERSON: Clint D. Fuhrman

BK
12/8/95

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. JACKSON DOWNS, L.P.
(Name of limited partnership as it is in the home state)

2. JACKSON DOWNS, LTD.
(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. Georgia
(State of Formation)

4. 6/19/95
(Date of Formation)

5. CORPORATION SERVICE COMPANY
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee
(City), Florida 32301
(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.
CORPORATION SERVICE COMPANY
By: [signature]
(Agent must sign on this line)

8. 5570 Glenridge Drive, Atlanta, GA 30342
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
REALMARK HOLDINGS CORP. F95000060602	5570 Glenridge Drive Atlanta, GA 30342

10. 5570 Glenridge Drive, Atlanta, GA 30342
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

CONTINUED

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12. 5570 Glenridge Drive

Atlanta, GA 30342
(Mailing Address of Limited Partnership)

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

This day of 4th, December 19 95.

REALMARK HOLDINGS CORP.

By: _____
General Partner

STATE OF GEORGIA

COUNTY OF Fulton

On this 4th day of December, 19 95, Jere E. Wilkins

personally appeared before me, ☒ who is personally known to me

☐ whose identity I proved on the basis of _____

_____

_____
(Notary Public Signature)

Dana Worster, Jr.
(Notary's Printed Name)

DANA R. WORSTER, JR
Notary Public, Cobb County Georgia
My Commission Expires Oct 7 1997

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

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DIVISION OF CORPORATIONS
95 DEC 8 PM 2:57

BEFORE ME the undersigned personally appeared JERE E. WILKINS, Vice President of Realmark Holdings Corp., a Georgia corporation *a general partner of* JACKSON DOWNS, L.P., *a (an)* Georgia *limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:*

1. The amount of capital contributions of the limited partners is $ 61,500.00 .

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 1,000.00 .

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

This 4th day of December, 1995.

REALMARK HOLDINGS CORP.

By: _____
General Partner

STATE OF GEORGIA

COUNTY OF Fulton

On this 4th day of December, 19 95, JERE E. WILKINS personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

_____

_____
(Notary Public Signature)

Dana Worster, Jr.
(Notary's Printed Name)

DANA R. WORSTER, JR
Notary Public, Cobb County, Georgia
My Commission Expires Oct 7 1997

Seal

My Commission Expires: _____

[redacted] FILE ON OR BEFORE DECEMBER 31, 1996 OR [redacted] WILL BE SUBJECT TO REVOCATION AND [redacted] PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -2 PM 2:43

DO NOT WRITE IN THIS SPACE mtn

1. Name of Limited Partnership: Jackson Downs, L.P. d/b/a Jackson Downs, Ltd.

1a. DOCUMENT # B95000000443

Mailing Address: 5570 Glenridge Drive
Atlanta GA, 30342

Principal Office Address: (Same)

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
Suite, Apt. # etc.
City, State & Zip

700001685847
01/10/96--11157--016
*****191.25 *****191.25

3. Date Formed or Registered to Do Business in FLORIDA: 12-8-95

3a. Date of Last Report: 12-8-95

4. State or Country of Formation: Georgia

5a. Capital Contributions as Shown on Record: $61,500

5b. Amount of Capital Contributions in FLORIDA to date: $1,000

6. FEI Number: 58-2179489
Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

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.

9. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays St.
Tallahassee, FL 32301

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.

N/A
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
Realmark Holdings Corp	5570 Glenridge Dr.	Atlanta GA 30342	~~B95000000443~~ F95000006002

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 Richard P. Davis Vice President DATE 12/27/95

Typed or Printed Name of General Partner Signing Form Richard P. Davis Telephone Number 404-257-0004

CR2E003 (6/95)