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Smith, Secretary of State
MITED PARTNERSHIP
ite; P
ed partnership proposes to register or "LIMITED" or "LTD.")
October 10, 1995
(Date of Formation)
fice) Florida <u>33549</u> (Zip Code)
4
ormation or, if not required, Address of
SPECIFIC ADDRESS
1527 North Dale Mabry Highway

10.- ... 1527. North Dale Mabry Highway, Suite 105, Lutz, Florida 33549 (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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.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. 1527 North Dale Mabry Highway, Suite 105. Lutz, Florida 33549 (Mailing Address of Limited Partnership)

15+4 day of December p, 19.95. This General Partnei

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this \_\_\_\_\_\_ day of <u>December</u>, 19<u>95</u>, by \_\_\_\_\_ Henry A, Ash \_\_\_\_\_ (Name of General Partner) of

Petrocy Equity Partners, L.P.

(Name of Limited Partnership), A <u>Delaware</u> (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Charlen M ais

Notary Public State of <u>Florida</u> at Large

(SEAL)

My Commission Expires: <u>7/20/98</u>

OFFICIAL NOTARY SEAL CHARLENE MARSH NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC394080 MY COMMISSION EXP. JULY 20,1998 10166 6164

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the unders	igned, personally appeared Henry A	I.Ash is 355
Delaware <u>re</u>	, limited partnership, hereinafter referred to	
certifies as follows:		

1. The amount of capital contributions of the limited partners is \$ 6,000,000

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$\_5,000.00.

This 15th day of December, 1995

## FURTHER AFFIANT SAYETH NOT.

Under panalties 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 Parther

STATE OF Florida DATE 12/15/95

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 <u>Henry A. Ash</u> (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 \_\_\_\_\_\_ day of \_\_\_\_\_\_ day of \_\_\_\_\_\_,

Seal

1

Notary Public

State of Florida Et Large My Commission Expires: July 20, 1998

OFFICIAL NOTARY SEAL CHARLENE MARSH NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC394080 MY COMMISSION EXP. JULY 20,1998

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## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of <u>Delaware</u>, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	Petracom	Equity	Fortners,	L.P.,	LTD.	
				Name of	the limited	partnership

2. 01/02/1996 3. B9600000001 Document number as

4. The name and address of the present registered agent and office:

CT Corporation System

\_\_\_\_1200 South Pine Island Road\_\_\_

Plantation, FL 33324

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Joseph M. Fry

1527 North Dale Mabry Highway, Suite 105

Lutz, FL 33549

Such charge was authorized by the general partners.

Signature of General Partner

<u>9/11/97</u> Dates

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

stered Agent signature

Filing Fee: \$35.00

INHSE004(3/95)

P. FT. 37314