

Secretary Research
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT -9 PM 2:39

Requester's Name _____
Address _____
City/State/Zip _____ Phone # _____

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Crocker + Associates, L.P. 600001974806---4
(Corporation Name) (Document #) -10/15/96--01102--001
****174.30 ****174.30
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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need two (2) cus

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

.. IAA _____
FILING 69.30
R. AGENT FEE 35.00
C/COPY 70.00
TOTAL 174.30
N. BANK _____
BALANCE DUE _____
RECORD _____

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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96 OCT -9 AM 11:37
DIVISION OF CORPORATION

10/9/96

Examiner's Initials mpc

Sandra B. Mortham, Secretary of State

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

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1. Crocker & Associates, L.P.
(Name of limited partnership as it is in the home state)

2. Crocker & Associates, 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. Delaware 4. August 9, 1996
(State of Formation) (Date of Formation)

5. K. Lawrence Gragg
(Name of Registered Agent for Service of Process)

6. 200 S. Biscayne Boulevard, Suite 4900
(Street Address of Registered Office)

Miami, Florida 33131
(City) (Zip Code)

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

K. Lawrence Gragg
(Agent must sign on this line)

8. 15 East North Street, Dover, Delaware 19903-0899
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS SPECIFIC ADDRESS

| | |
|-------------------------------|----------------------------------|
| <u>Crocker GP Corporation</u> | <u>43. Plaza Real, Suite 335</u> |
| <u>9960000.66260</u> | <u>Boca Raton, FL 33432</u> |
| | |
| | |
| | |

10. 433 Plaza Real, Suite 335, Boca Raton, Florida 33432
(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. 433 Plaza Real, Suite 335, Boca Raton, Florida 33432
(Mailing Address of Limited Partnership)

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This 7th day of October, 1996.

Robert E. Onisko
Vice President of Crocker GP Corporation

STATE OF FLORIDA

COUNTY OF PALM BEACH

THE FOREGOING instrument was acknowledged and sworn to before me this 7th day

of October, 1996, by Robert E. Onisko, Vice President of
(Name of General Partner)
Crocker GP Corporation Florida corporation

(Name of Limited Partnership)
as general partner of Crocker & Associates, Ltd., a Delaware limited partnership.

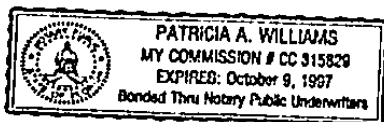
~~Limited Partnership, on behalf of~~
(State or Country)
~~Limited Partnership.~~

Patricia A. Williams
Notary Public

State of Florida at Large

(SEAL)

My Commission Expires: _____



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned personally appeared Robert E. Onisko, Vice President of Crocker GP
partner of Crocker & Associates, Ltd., a (an) Delaware limited partnership,
hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$ 9,900.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 9,900.00.

This 7th day of October, 19 96.

FURTHER AFFIANT SAYETH NOT.

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

Crocker GP Corporation, a Florida corporation
By: [Signature]
Robert E. Onisko ~~General Partner~~
Vice President

State of Florida
County of Palm Beach
Date Oct. 7, 1996

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 Robert E. Onisko, VP of Crocker GP Corporation (General Partner), known to me and known 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 WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 7th day of October, 19 96.

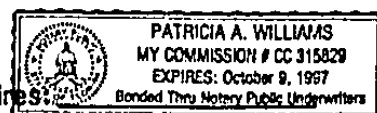
[Signature]

Notary Public

Seal

State of Florida at Large

My commission expires:



1396000000 393

Requestor's Name
Address
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Crocker + Associates, L.P.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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DIVISION OF CORPORATIONS
97 OCT -7 PM 12:57

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate Status

| NEW FILINGS | |
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****17.50 ****17.50

[Signature]

| OTHER FILINGS | |
|------------------|--|
| Annual Report | |
| Fictitious Name | |
| Name Reservation | |

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| <input type="checkbox"/> Trademark | |
| <input type="checkbox"/> Other | |

100002317451--8
-10/10/97--01078--002
****87.50 ****87.50

v. TAX
FILING 52.50
R. AGENT FEE 52.50
C. COPY 105.00
TOTAL
1. BANK
BALANCE DUE
10/7/97

Examiner's Initials *jr*

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

CROCKER & ASSOCIATES, L.P.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The name and address of the ^{Sole} General Partner is:

CROCKER REALTY TRUST, L.P.
433 Plaza Real, Suite 335
Boca Raton, Florida 33432

897600000452

CROCKER REALTY TRUST, L.P.
By: CROCKER PARTNERS, L.P.
By: CROCKER PARTNERS, INC.

(Signature of a General Partner)

Thomas J. Crocker, President

(Typed or printed name of General Partner signing above)

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 9th day of September, 1997, Thomas J. Crocker personally
appeared before me,

☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Patricia A. Williams

(Notary Public Signature)



(Notary's Printed Name)

Seal

My Commission Expires:

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