Parcel:

35-48-17-09033-173 (33250)

Owner & Property Info

Result: 28 of 38

5T WEALTH PARTNERS LP

Owner

PO BOX 162121

ALTAMONTE SPRINGS, FL 32716

Site

1399 SE ALFRED MARKHAM St, LAKE CITY

Description* LOT 13 BLOCK D BRENT HEIGHTS S/D. 746-1532, 778-55, 783-1939, QC 1145-2193, TD 1356-20,

Area

0.51 AC

S/T/R

MOJ SAMPSON LLC DEED ATTACHED

35-4S-17E

Use Code** AC/XFOB (9901)

Tax District 3

PREPARED BY & RETURN TO

5T WEALTH PARTNERS, LP

Address: 2055 US HWY I

VERO BEACH, FLORIDA 32960

File No. 21-11022

Parcel No : R09033-173

Inst: 202212000126 Date: 01/04/2022 Time: 2:17PM

Page 1 of 1 B: 1456 P: 630, James M Swisher Jr, Clerk of Court

Columbia, County, By: BR

Deputy Cicinom Stomm Bood 92 00

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

This SPECIAL WARRANTY DEED, made the 16th day of December, 2021, by 5T WEALTH PARTNERS LP, a Foreign Limited Partnership, hereinafter called the Grantor, to M AND J SAMPSON LLC, having its principal place of business at 830 W DUVAL STREET, LAKE CITY, FL 32055, hereinafter called the Grantee.

WITNESSETH: That the Grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee all that certain land situate in City of LAKE CITY, County of Columbia, State of Florida, viz:

Lot 13, Block D, BRENT HEIGHTS, a subdivision, according to the Plat thereof, recorded in Plat Book 6, Page(s) 51 and 51A of the Public Records of Columbia County, Florida.

TOGETHER WITH all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

SUBJECT TO TAXES FOR THE YEAR AND SUBSEQUENT YEARS, RESTRICTIONS, RESERVATIONS, COVENANTS AND EASEMENTS OF RECORD, IF ANY.

TO HAVE AND TO HOLD the same in fee simple forever.

And the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons claiming by, through or under the said Grantor, but not otherwise.

IN WITNESS WHEREOF, the said Grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its proper officers thereunto duly authorized, the day and year first above written

Signed, sealed and delivered in the presence of:

Witness Signatur Printed Name:

anu

Witness Signature rinted Name

KITE TAX LIEN CAPITAL, LLC. SUB-ADVISER OF 5T

WEALTH PARTNERS LP

Name KI Title MANAGER

Address 2055 US HWY 1, VERO BEACH, FL 32960

STATE OF FLORIDA COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me by means of physical presence or ☐ online notarization, this 16th day of December, 2021, by KELLY P. KITE, JR. MANAGER OF KITE TAX LIEN CAPITAL, LLC SUB-ADVISER FOR 5T WEALTH PARTNERS LP, a Foreign Limited Partnership, on behalf of the Partnership. He (she) is personally known to me or has produced as identification

Signature of Notary

Printed Name: Alicia Sc

04/08/2023

My commission expires:

Notary Public State of Florida Alicia H Swanson My Commission HH 191391 Exp. 4/8/2023

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER CONTRA	Brent Strickland	PHONE	386-365-7043
---------------------------	------------------	-------	--------------

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

1399 SE Alfred Markham

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKEU</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name Christopher "Todd" Sampson	_ Signature Cly Tall !
	License #: Owner	Phone # 386 365-8575
	Qualifier Form Attache	d
MECHANICAL/	Print Name Christopher "Todd" Sampson	Signature Old Tell
A/C	License # Owner	Phone # 386-365-8575
	Qualifler Form Attache	d

Qualifier Forms cannot be submitted for any Specialty License.

License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
		A PROPERTY OF THE PROPERTY OF
	License Number	License Number Sub-Contractors Printed Name

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015

		marriage wall piers within 2' of end of home per Rule 15C			Typical pier spacing lateral Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)	I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in. Installer's initials	Address of home 1547 11 11 11 11 11 11 11 11 11 11 11 11 11	Installer Brent Strickland License # IH 1104218 Installer Mobile Phone # 386-365-7043
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Longitudinal Stabilizing Device w/ Lateral Arms Manufacturer Manufacturer Manufacturer Manufacturer Sheanwall Sheanwall Sheanwall Manufacturer	Opening Pier pad size 4 ft 5 ft FRAME TIES	20 × 20 1/16 × 25 3/16 1/2 × 25 1/2 24 × 24 26 × 26 ANCHORS	Pad Size Sq In 15 x 16 256 16 x 16 256 16 x 18 288 16 x 18 288 16 x 18 288 16 x 18 288 16 x 22.5 360 17 x 22 374 374 375	8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8' 8'	(256) 1/2"(342) (400) (484)" (400) (486)" (500) (486)" (600) (486)" (600) (600	PACING TABLE FOR USED HOMES	Home is installed in accordance with Rule 15-C Single wide	New Home Used Home (A) Home installed to the Manufacturer's Installation Manual

PERMIT NUMBER

Torque Probe TEST The results of the torque probe test is	The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without testing. x 1000 POCKET PENETROMETER TESTING METHOD 1. Test the perimeter of the home at 6 locations. 2. Take the reading at the depth of the footer. 3. Using 500 lb. increments, take the lowest reading and round down to that increment. x 1000 x 1000
--	---

ľ	1	1	ļ
i	b	i	١
ţ	1	į	
:		į	
ī	i	i	
\$	۷	١	

Other:

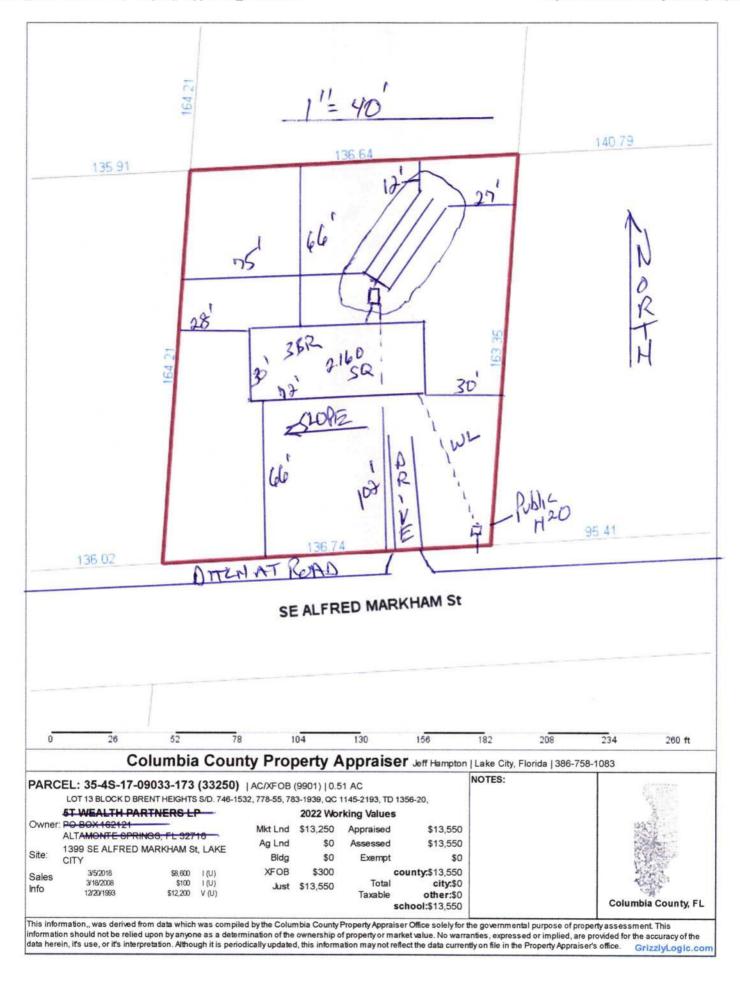
Connect electrical conductors between multi-wide units, but not to the main-power source. This includes the bonding wire between multi-wide units. Pg.

Connect all sewer drains to an existing sewer tap or septic tank. Pg.

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. 2

Electrical crossovers protected. Yes
side of skirting. Y
Skirting to be installed. YesNo
Miscellaneous
200
The bottomboard will be repaired and/or taped. Yes Pg. Siding on units is installed to manufacturer's specifications. Yes
Weatherproofing
Bottom of ridgebeam Yes
Installer's initials 65.
a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.
l understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, meldew and buckled marriage walls are
Gasket (weatherproofing requirement)
will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.
Type Fastener
Walls: Type Fastener: 1995 Length: 50 Spacing: 16 17
Fastening multi wide units
Debris and organic material removed Water drainage. Natural Swale Pad b Other
Site Preparation

Installer verifies all information given with this permit worksheet is accurate and true based on the Installer Signature manufacturer's installation instructions and or Rule 15C-1 & 2 Date 12.21-22



vo -2160 50 Se Caro FRM DING KITCHER

i



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued:

6/22/2020 2:40:56 PM

Address:

1399 SE ALFRED MARKHAM ST

City:

LAKE CITY

State:

FL

Zip Code

32025

Parcel ID

35-4S-17-09033-173

REMARKS:

This address is a verified address in the county's addressing system.

Verification ID: a4e9ce48-49f5-437b-b248-c60bd4f10719

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED. THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By:

GIS Specialist

Columbia County GIS/911 Addressing Coordinator

PALM HARBOR HOMES 605/609 South Frontage Road Plant City, Florida 33566

Date of Manufacture 1		Diant Number 110	this home at outdoor temperatures of NA %. To maximize furnace operating economy, and to conserve er
2-27-96	IUD Label No.(s)	Plant Number 09	home be installed where the outdoor winter design tempera
	Fla. 587346/5	97247	NA degrees Fahrenheit. The above information has been calculated assuming a max attackers attackers.
Manufacturer's	Serial Number and Mode	I Unit Designation	scarcard anterpretic pressure.
PH 098573A/BF		# C6263B	COMFORT COOLING
03037387517	esign Approval by (D.A.P.	(L.A.)	Air conditioner provided at factory (Alternate I)
PES CORP 2402	Daniels St. Mad	ison, WI 53704	Air conditioner manufacturer and model (see list at left) Certified canacity. NA BITLI hour or a
This manufactured home i	s designed to comply with the safety standards in force at t	e tederal manufactured home time of manufacture.	air conditioning and refrigoration institute standards. The central air conditioning system provided in this hi
	enal information, consult ow	ner's manual.)	orientation of the front (hitch end) of the home facing system is designed to maintain an indoor temper
The factory installed	Manufacturer	Model Designation	temperatures are NA "F dry butb and NA
Equipment	manuracturer	Model Designation	The temperature to which this home can be cooled w
For heating For air cooling			amount of exposure of the windows of this home to the si home's heat gains will vary dependent upon its crientatic
For cooking _	GE	JBP24GV2WH	shading provided. Information concerning the calculat
Refrigerator	GE	TFX20JRXAWH	locations, window exposures and shadings are provided of the ASHRAE Handbook of Fundamentals.
Water Heater	STATE	SCI402HMT960P	Information necessary to calculate cooling loads at vario provided in the special comfort cooling information provi
Washer .			(Alternate II)
Clothes Dryer			The air distribution system of this home is suitable for conditioning.
Dishwasher	GE	GSD650X68WB	The supply air distribution system installed in this home is
Garbage Disposal I	Frigidaire Elimi	nator D-3000	central air conditioning system of up to 33475_8.T certified in accordance with the appropriate air condition standards, when the air circulators of such air condition.
Fireplace	Martin	SC36M	standards, when the air circulators of such air condition column static pressure or greater for the cooling air deliver
Smoke Detector	FIREX	H	supply air duct system.
Counter-Top Cook Unit			Information necessary to calculate cooling leads at various provided in the special comfort cooling information provides
Built-In Oven	GE		Air conditioning not recommended (Alternate III) The air distribution system of this borne has not been des- with a ocean air conditioning system.
HOME CONSTRUCTED FOR	Zone i XX Zone	ell Zonelli Exp.D.	To determine the required capacity of equipment to cool a from a cooling hard (rest glan) calculation is required. The cooling los
This home has has not X to	een equipped with storm shutters of	coastine in Wind Zones II and III, when it is under the increased requirements or other protective coverings for windows.	cooling load. Each home's air conditioner should be sized in a the American Society of Healing, Refrigerating and Air Condi-
and to be equipped with their printed instructions.	e devices in accordance with the	WIND ZONE MAP ZONE III ZONE III	Handbook of Fundamentals 1989 edition, ence the location and or INFORMATION PROVIDED BY THE MANUFAK NECESSARY TO CALCULATE SENSIBLE HEAD Wats (without windows and doors). Cultings and roofs of agreeolor). Cultings and roofs of dark color. Floors. Air ducts in floor. Air ducts in floor. Air ducts in folioping the horne. The following are the fact areas in this home. Air ducts in loof. Air ducts in loof. Air ducts outside the horne.

-	Maria Carlo	Market State	COMMICONI	DENTING			
(risk	manufactured	riceme has	been thermally	insulated	to conform with	the ren	dependent.
of th	e federal man	ufactured	home constru	tion and	safety standards	And all	An analysis in a

within U/O value zone _______ (See map at bottom)
Heating equipment manufacturer and model (see list at left).
The above heating equipment has the capacity to maintain an average 70° F temperature as

nergy, it is recommended that this ature (97 1/2%) is not higher than

mum wind velocity of 15 mph at

me has been sized assuing an

NA On the basis the ature of 75' F when outdoor

F wet bulb.

will change depending upon the sun's raciant heat. Therefore, the on to the sun and any permanent tion of cooling loads at various in Chapter 22 of the 1989 ecition.

rus locations and orientations is ided with this home.

the installation of central air

U.hv. rated capacity which are ring and refrigeration institute ers are rated at 0.3 inch water red to the manufactured home

gned in anticipation of its use

ad is dependent on the orienta-tioners operate most efficiently approximates the calculated occordance with Chapter 22 of soning Engineers (ASHRAE) rentation are kingen.

Walls (without windows and doors)	v061
Cullings and roofs of agrit color)	.034
Ceilings and roofs or dark cotor	.068
Proors Air ducts in Soor	
Ar ducts in roof	099
Ar ducts installed qualific the home	v.24
The following are the suct areas in this home:	NA was
Ar ducts in Egy	The second secon
Air ducts in colifu	169 10 11
Air ducts outside the home	79 40 1



THE MANUFACTURER CENTUFIES TO THE BEST OF THE MANUFACTURER'S KNOWLEDGE AND BELLEF THAT THIS MANUFACTURED HOME, HAS BEEN HIS EQUIPMENT OF HOUSING AND URBAN DEVELOPMENT AND IS CONSTRUCTED IN CONFORMANCE WITH THE FEDERAL MANUFACTURE OF HOME CONSTRUCTION AND SAFETY STANDARDS IN THE TANK HOME CONSTRUCTION AND SAFETY STANDARDS IN THE TANK HOME CONSTRUCTION AND SAFETY STANDARDS IN THE TANK HOME CONSTRUCTION AND SAFETY STANDARDS IN THE CONSTRUCTION AN

HUS TAG

DBAR BIRTON



COLUMBIA COUNTY BUILDING DEPARTMENT

Application #_____

PRELIMINARY MOBILE HOME INSPECTION REPORT

\$50.00 Fee Paid _____

DATE RECEIVED BY	IS THE M/H ON THE PROPERTY WHER	E THE PERMIT WILL BE ISSUED?NO	
OWNERS NAME M & J Sampson LLC	PHONE	CELL 386-365-8575	
ADDRESS 830 W Duval Street, Lake	City, FL, 32055		
MOBILE HOME PARKNO	SUBDIVISION	Brent Heights	
DRIVING DIRECTIONS TO MOBILE HOMEN	ortheast corner of Jacobsen MH	Lot	
MOBILE HOME INSTALLER Brent Strick	land PHONE	CELL_ 386-365-7043	-
MOBILE HOME INFORMATION			
MAKE Palm Harbor	YEAR 1996SIZE30	x 72color	
SERIAL No. PH 098573A/BFL			
NIND ZONE A	Aust be wind zone II or higher NO WIND	ZONE I ALLOWED	
NSPECTION STANDARDS			
NTERIOR: P or F) - P= PASS F= FAILED			
SMOKE DETECTOR () OPERATION	DNAL () MISSING		
FLOORS () SOLID () WEAK	() HOLES DAMAGED LOCATION		
DOORS () OPERABLE () DAMA	AGED		
WALLS () SOLID () STRUCTU	RALLY UNSOUND		
WINDOWS ()OPERABLE ()IN	OPERABLE		
	BLE () INOPERABLE () MISSING		
CEILING () SOLID () HOLES (
	() OPERABLE () EXPOSED WIRING ()) OUTLET COVERS MISSING () LIGHT	
XTERIOR:	C / \CTDUCTUDALLY IINCOUND / \NO.	WEATHERTICUT / \ NETRC CLEANING	
	IG ()STRUCTURALLY UNSOUND ()NOT N GLASS ()SCREENS MISSING ()WEA	ni kato etiana ana ny fiziala-a-katin' na ili i. T a may ang tapo a mina ana ilina na ana ilina ang manga.	
		THERITORI	
ROOF () APPEARS SOLID () DAI	MAGED		
TATUS PPROVED WITH CONDITIONS:			
OT APPROVED NEED RE-INSPECTION			
BUILDING INSPECTOR'S SIGNATURE		ID NUMBER DATE	