Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : HOLLAND & KNIGHT Account Number : 075350000340 : (407)425-8500 Fax Number : (407)244~5288

FLORIDA LIMITED PARTNERSHIP

LIBERTY COLONIAL TOWN, LTD.

Certificate of Status Certified Copy	110 410 4 10 4 10 4 10 4 10 4 10 4 10 4	1 -	1_0	
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LIBERTY COLONIAL TOWN, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner files this Certificate of Limited Partnership of Liberty Colonial Town, Ltd. with the Florida Department of State in order to form a Limited Partnership pursuant to §620.108 of the Florida Revised Limited Partnership Act (1986)(the "Act").

- 1. Name. The name of the limited partnership is Liberty Colonial Town, Ltd.
- 2. <u>General Partner</u>. The name and the business address of the General Partner of the Limited Partnership is:

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Liberty Colonial Town, Inc. 310 West Central Parkway, Suite 7000 Altamonte Springs, Florida 32714

- 3. Recordkeeping Office. The address of the office at which the records of the partnership are maintained pursuant to the Act is 310 West Central Parkway, Suite 7000, Altamonte Springs, Florida 32714.
- 4. Registered Agent and Registered Office. The name and address of the agent for service of process is:

Wm. Michael Mikkelson 310 West Central Parkway Suite 7000 Altamonte Springs, Florida 32714

5. Partnership Mailing Address. The mailing address for the limited partnership is:

310 West Central Parkway Suite 7000 Altamonte Springs, Florida 32714

6. <u>Dissolution</u>. The latest date upon which the Limited Partnerships to be dissolved is December 31, 2045.

7. Affirmation. The General Partner hereby acknowledges that pursuant to the Act:

- 7.1 The execution of this Certificate by the General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
- 7.2 The General Partner accepts the liability imposed by the Act on a General Partner for a false statement contained in this Certificate; and
- 7.3 If, after the execution of this Certificate, the General Partner knows that any arrangement or other fact described in this Certificate has changed, making the statement inaccurate in any material respect, the General Partner will forthwith cause this Certificate to be cancelled or amended, or file a petition for its cancellation or amendment pursuant to the Act.

Executed this ____ day of June, 2000.

Liberty Colonial Town, Inc., General Partner

Wm. Michael Mikkelson,

President

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SECRETARY OF STATE
SECRETARY OF FLORIDA

LIBERTY COLONIAL TOWN, LTD.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

- 1. <u>Capital Contributions</u>. The undersigned General Partner of Liberty Colonial Town, Ltd. declares the total amount of the Capital Contributions of the Limited Partners to the Limited Partnership to be Thirty Thousand Two Hundred Dollars (\$30,200.00) and the total amount of Capital Contributions contributed and anticipated at this time to be contributed by the Limited Partners to the Limited Partnership to be Thirty Thousand Two Hundred Dollars (\$30,200.00).
- 2. <u>Affirmation</u>. The General Partner hereby acknowledges that pursuant to the Act:
- 2.1 The execution of this Affidavit by the General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
- 2.2 The General Partner accepts the liability imposed by the Act on a General Partner for a false statement contained in this Affidavit.
- 2.3 If, after the execution of this Affidavit, the General Partner knows that any fact described in this Affidavit has changed, making the statement inaccurate in any material respect, the General Partner will forthwith cause this Affidavit to be supplemented by filing a supplemental affidavit with the Department of State pursuant to the Act.

Executed by the General Partner on the date set forth below.

Liberty Colonial Town, Inc., a Florida corporation

Date: 6/6/2000

Wm. Michael Mikkelson,

President

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SECKETAKT OF STATE

LIBERTY COLONIAL TOWN, LTD. ACCEPTANCE OF REGISTERED AGENT

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.

Dated this 6 day of June, 2000.

Wm. Michael Mikkelson,

Registered Agent

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