

A000000000 *File 950*

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000065283 4))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

FILED
NO DEC 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 DEC 15 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP
GATOR COON VILLAGE II, PARTNERS, LTD.

A00-1950
OR

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$157.50

501487-6013

12/15/00 15:04 F1 Dept of State

pl /1

(850) 487-6013



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 15, 2000

CORPORATE & CRIMINAL RESEARCH SERVICES

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

SUBJECT: GATOR COON VILLAGE II, PARTNERS, LTD
REF: W00000029487

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H00000065283
Letter Number: 800AG0063252

NOV 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

H00000065283

CERTIFICATE OF LIMITED PARTNERSHIP

1. Gator Coon Village II, Partners, Ltd.
(Name of Limited Partnership, must contain a suffix such as "Limited," "Ltd.," or "Limited Partnership")
2. 1595 NE 163rd Street, North Miami Beach, Florida 33162
(Business address of Limited Partnership)
3. James A. Goldsmith
(Name of Registered Agent for Service of Process)
4. 1595 NE 163rd Street, North Miami Beach, Florida 33162
(Florida street address for "Agent")
5. _____
(Registered Agent must sign here, in person or by electronic designation as Registered Agent for Service of Process)
6. 1595 NE 163rd Street, North Miami Beach, Florida 33162
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: January 1, 2099

8. Name(s) of general partner(s): _____ Street address: _____
Gator Coon Village II, Investors, Inc. 1595 NE 163rd Street,
POB-114764 North Miami Beach, Florida 33162

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

Signed this 15th day of December, 2000.

Signature of all general partners:
Gator Coon Village II Investors, Inc., a Florida Corporation
 By: _____
James A. Goldsmith, President

FILED
 00 DEC 15 PM 5:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H00000065283

H00000065283

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Gator Coon Village II, Partners,
Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 10,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 10,000.00

Signed this 13 day of December 2000.

FURTHER AFFIANT SAYETH NOT.

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

Gator Coon Village II Investors, Inc., a Florida Corporation

By: 
James A. Goldsmith, President

FILED
NO DEC 15 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H00000065283