

CORP DIRECT GENLTS J (form by C...)
103 N. MERID...
TALLAHASSEE FL 3230...
222-1173

A02000001013 *Kyle J na*

FILING COVER SHEET
ACCT. #FCA-14

FILED
02 JUL 25 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT:

Pam

DATE:

7-25-02

REF. #:

0672.8063

CORP. NAME:

Flag Venture Riverside, Ltd

RECEIVED
02 JUL 25 AM 11:18
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION
- ARTICLES OF AMENDMENT
- ARTICLES OF DISSOLUTION
- ANNUAL REPORT
- TRADEMARK/SERVICE MARK
- FICTITIOUS NAME
- FOREIGN QUALIFICATION
- LIMITED PARTNERSHIP
- LIMITED LIABILITY
- REINSTATEMENT
- MERGER
- WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- UCC-1
- UCC-3
- OTHER:

BK

STATE FEES PREPAID WITH CHECK# _____ FOR \$ _____

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

900006659449--1
-07/25/02--01042--018
***1872.50 ***1793.75

COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY
- CERTIFICATE OF GOOD STANDING
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
FLAGVENTURE RIVERSIDE, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership shall be **FLAGVENTURE RIVERSIDE, LTD.**

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.106 shall be located at **5000 Sawgrass Village Circle, Suite One, Ponte Vedra Beach, Florida 32082**, and the name of the Partnership's agent for service of process at said address is **Bryan L. Weber**.

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
FLAGVENTURE RS, INC., a Florida corporation	5000 Sawgrass Village Circle Suite One Ponte Vedra Beach, Florida 32082

802000080782

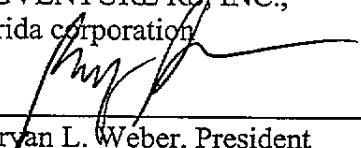
4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be **5000 Sawgrass Village Circle, Suite One, Ponte Vedra Beach, Florida 32082**.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **FLAGVENTURE RIVERSIDE, LTD.**

DATED this 15 day of July, 2002.

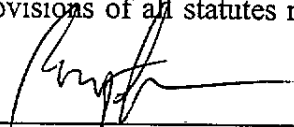
GENERAL PARTNER:

FLAGVENTURE RS, INC.,
a Florida corporation

By: 
Bryan L. Weber, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


BRYAN L. WEBER

FILED
JUL 15 2002
TALLAHASSEE FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
FLAGVENTURE RIVERSIDE, LTD.**

I, **BRYAN L. WEBER**, being the President of **FLAGVENTURE RS, INC.**, a Florida corporation, the sole General Partner of **FLAGVENTURE RIVERSIDE, LTD.**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$0 of capital to the Partnership.
2. It is anticipated that \$5,750,000.00 shall be contributed by the limited partners in the future.

DATED this 15 day of July, 2002.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief.

GENERAL PARTNER:

FLAGVENTURE RS, INC.,
a Florida corporation

By: _____

Bryan L. Weber, President

STATE OF FLORIDA
COUNTY OF St. Johns

The foregoing instrument was acknowledged before me this 15 day of July, 2002, by **BRYAN L. WEBER**, being the President of **FLAGVENTURE RS, INC.**, a Florida corporation, the sole General Partner of the Partnership, who is personally known to me or who produced FL DL W160-072-56-06109 identification.



LYNN WILSON
MY COMMISSION # DD 113108
EXPIRES: April 29, 2006
Bonded Thru Budget Notary Services

Notary Public

Print Name: Lynn Wilson

Commission No: _____

My Commission Expires: _____

FILED
JUL 25 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA