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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : DEAN, MEAD, EGERTÓN, BLOODWORTH, CAPOUANG & BOZARTH, P.A. Account Number : 076077001702

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

FLORIDA LIMITED PARTNERSHIP

Cornerstone at Summerport, Ltd.

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,837.50

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Electronic filing Menu.

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CERTIFICATE OF LIMITED PARTNERSHIP CORNERSTONE AT SUMMERPORT, LTD.

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620,101 through 620,205 of the Florida Statutes, hereby states the following:

- 1. The name of the Partnership is Cornerstone at Summerport, Ltd.
- The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 3333 South Orange Avenue, Suite 200, Orlando, Florida 32806-8500.
- The name and address of the agent for service of process on the Partnership shall be Daryl M. Carter, 3333 South Orange Avenue, Suite 200, Orlando, Florida 32806-8500.
 - 4. The name and business address of the General Partner are:

<u>Name</u>

Address

Maury L. Carter Management Corporation 3333 South Orange Avenue Suite 200 Orlando, Florida 32806-850

Orlando, Florida 32806-8500

- The mailing address for the Partnership is 3333 South Orange Avenue. Suite 200, Orlando, Florida 32806-8500.
- б. The latest date upon which the Partnership shall dissolve is December 31. 2077.
- A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

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.

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This Certificate of Limited Partnership was executed by the General partner this 14th day of January, 2004.

GENERAL PARTNER

MAURY L. CARTER MANAGEMENT CORPORATION, a Florida corporation

Daryl M./Carter, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT

Dary M Career

Date: January 14, 2004

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STATE OF FLORIDA

COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Daryl M. Carter as President of Maury L. Carter Management Corporation, the sole general partner of Cornerstone at Summerport, Ltd., a Florida limited partnership (the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

- The amount of the capital contributions to the Partnership made by the limited partners is \$10,406,787.
- The amount of additional capital contributions anticipated to be contributed by the limited partners is \$-0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER

MAURY L. CARTER MANAGEMENT CORPORATION

Date: January 14, 2004

Sworn to and subscribed before this \(\frac{14}{2}\) day of January, 2004, by Daryl M. Carter as President of Maury L. Carter Management Corporation, as General Partner on behalf of Cornerstone at Summerport, Ltd., a Florida limited partnership. He is personally known to mc, Deproduced a driver's license (issued by a state of the United States within the last five (5) years) as identification, I or produced other identification, to wit:

Print Name:

Notary Public - State of Florida

Commission No.: טלבו מס

My Commission Expires:

PAMELA LEE WRAY ofany Public - State of Florida Commission # DD127684 Bonded By National Notary Assa

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