A05000000344

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | HH. | Strong |

Office Use Only



400045784604

0291118218627862941620

02/02/05--01027 -014 **87.50

05 FEB -2 AHII: 54

27515



February 1, 2005

VIA FEDERAL EXPRESS

Tel: (850) 245-6052 Division of Corporations Secretary of State of Florida 409 East Gaines Street Tallahassee, Florida 32399

RE: Gator Coastal Centre Partners, Ltd.

Ladies and Gentlemen:

Enclosed herewith, please find an original and a copy of each of the following in order to form and qualify Gator Coastal Centre Partners, Ltd. as a Florida limited partnership:

- 1. Certificate of Limited Partnership
- 2. Affidavit of Capital Contribution
- 3. Check in the amount of \$87.50 for the following:

\$ 35.00 Limited Partnership Filing Fee

35.00 Registered Agent Designation

8.75 Certified Copy of Limited Partnership Qualification

8.75 Certificate of Status of Florida Limited Partnership

\$ 87.50

Also enclosed is a prepaid Federal Express Envelope to send the Certified Copy and Certificate of Status by FedEx to this office, Attention: Julie A. Carson.

Should you have any questions, or if for any reason you are unable to form and qualify Gator Coastal Centre Partners, Ltd., please call me at 305-949-9049 x 15. Thank you in advance for your attention to this request.

Respectfully,

Julie A. Carson

Paralegal

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

| , GATOR COASTAL CENTRE PARTNERS, | LTD. |
|--|--|
| (Name of Limited Partnership; must contain a suffix such | n as "Limited", "Ltd.", or "Limited Partnership") |
| 2. 1595 NE 163RD STREET, NORTH MIAMI | BEACH, FLORIDA 33162 |
| (Business address of Lim | ited Partnership) |
| 3. JAMES A. GOLDSMITH | |
| (Name of Registered Agent fo | or Service of Process) |
| 4. 1595 NE 163RD STREET, NORTH MIAMI | |
| (Florida street address for | Registered Agent) |
| (Registered Agent must sign here to accept designatio | n as Registered Agent for Service of Process) |
| 6. 1595 NE 163RD STREET, NORTH MIAMI | BEACH, FLORIDA 33162 |
| (Mailing Address of the Li | mited Partnership) |
| 7. The latest date upon which the Limited Partners 8. Name(s) of general partner(s): Gator Coastal Centre Investors, Inc. | hip is to be dissolved is: Perpetual Street address: 1595 NE 163RD STREET N. MIAMI BEACH, FL 33462 |
| Under penalties of perjury I (we) declare that I (we contents thereof and that the facts stated herein are | |
| Signed this 24th day of JANUARY | 2005 |
| Signature of all general partners: | , |
| General Partner | Gostor Coastal Centre Investors, Inc. General Pariner Br. |
| General Partner | Jonnes "A. Goldsmith, President |
| General Partner | General Partner |

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

| The undersigned constituting all of the general partners of | |
|--|-------------|
| GATOR COASTAL CENTRE 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 day of JANUARY, 2005 | <i>ד</i> ר_ |
| FURTHER AFFIANT SAYETH NOT. | <u> </u> |
| Under the penalties of perjury I (we) declare that I (we) have read the foregoing and thou the contents thereof and that the facts stated herein are true and correct. | |
| General Partner General Partner General Partner | Inc. |
| General Partner By: | |
| General Partner James A. Goldsmit | in, Pres |
| General Partner General Partner | |