

SENT BY: FOLEY & LARDNER 1 13 95 11:50 JACKSONVILLE OFFICE DIV OF CORPORATIONS: 3 / 0

A950000084

FAX PHONE NUMBER: (904) 359-2000
MAILING NAME ADDRESS: FOLEY & LARDNER
3 INTRA
JACKSONVILLE

FL 32202-0000 US

CERTIFICATE(S) REQUESTED: NO
ESTIMATED CHARGES: \$87.50

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM 2:25 PM

((H95000000483)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FOLEY & LARDNER
DEPARTMENT OF STATE 200 LAURA ST
STATE OF FLORIDA

409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FAX: (904) 922-4000

JACKSONVILLE FL 32202-0000
CONTACT: KAREN PETERSON
PHONE: (904) 359-2000
FAX: (904) 359-8700

((H95000000483)) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: VAULT - COLLINS PARTNERS, LTD.

FAX AUDIT NUMBER: H95000000483
DATE REQUESTED: 01/12/1995

CERTIFIED COPIES: 0
NUMBER OF PAGES: 3

ESTIMATED CHARGE: \$87.50

CURRENT STATUS: REQUESTED
TIME REQUESTED: 14:25:30
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072720000061

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

((H95000000483))

** ENTER 'M' FOR MENU. **

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM 2:25 PM
ELECTRONIC PROCESSING MENU

1. ENTER PASSWORD
2. REQUEST ELECTRONIC FILING
3. REQUEST ELECTRONIC CERTIFICATE
4. ALTER DEFAULTS FOR THIS SESSION
5. RESTORE ORIGINAL DEFAULTS
6. ELECTRONIC FILING INQUIRY MENU
7. RETURN TO MAIN MENU

---KEY--- A95-84
PASSWORD/NEWPASSWORD
DOCUMENT TYPE
CORPORATE DOCUMENT NUMBER
*** NO KEY ***
*** NO KEY ***
*** NO KEY ***
*** NO KEY ***

ACCOUNT NAME: 072720000061
SUB ACCOUNT:
METHOD OF DELIVERY: F
MAIL NAME: FOLEY & LARDNER
MAIL ADDR1: 200 LAURA ST
MAIL ADDR2:

CITY: JACKSONVILLE

ENTER SELECTION NUMBER, 1 THRU 7, A BLANK AND THE KEY (IF

--- CURRENT DEFAULTS ---

AVAILABLE BALANCE: \$1016.25

FAX NUMBER: (904) 359-8700 GSH

Document Examiner	***me
Updater	***ability
Verifier	***
COUNTRY:	US
REQUIREMENTS:	GSH
W P. Verityer	GSH

ENTER/SELECTION AND <CR>: 7

FLORIDA DIVISION OF CORPORATIONS

SENT BY: FOLEY & LARDNER

1-13-95 14:53 JACKSONVILLE OFFICE - DIV OF CORPORATIONS: # 1 / 0

FOLEY & LARDNER

POST OFFICE BOX 340
JACKSONVILLE, FLORIDA 32201-0240

THE GREENLEAF BUILDING
300 LAURA STREET 32202-3630
TELEPHONE (904) 888-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Migdalia Figueroa

FAX NO.: (904) 359-0509

DATE: January 13, 1995

TIME: 1:38pm

NO. OF PAGES (including this page): 6

MESSAGE:

OPERATOR: MF

FILE NO.: 71441/115 (VAULT - Collins Partners, Ltd.)

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 12 AM 11:29

NOTE:

We need the effective date of filing to be the original date of receipt in the office of the SOS which is January 12, 1995.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
VAULT - Collins Partners, Ltd.**

The undersigned, being the general partner of VAULT - Collins Partners, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.108, the following as its Certificate of Limited Partnership:

- 1. **Name.** The name of the partnership is VAULT - Collins Partners, Ltd.
- 2. **Address.** The mailing address and street address of the partnership are both as follows:

c/o The VAULT Group, Inc.
1301 Riverplace Blvd., Suite 2552
Jacksonville, Florida 32207

- 3. **Registered Agent.** The name and address of the agent for service of process is as follows:

Laura Henry Allen
200 Laura Street, Third Floor
Jacksonville, Florida 32202

- 4. **General Partner.** The name and business address of the general partner is as follows:

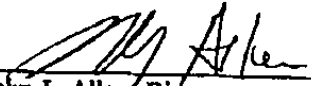
JAB Investments, Inc. ✓
1301 Riverplace Blvd., Suite 2552
Jacksonville, Florida 32207

P95000003438

- 5. **Termination.** The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040.

This Certificate of Limited Partnership of VAULT - Collins Partners, Ltd., has been executed in accordance with Section 620.114 on the 13th day of January, 1995. By such execution, the general partner whose signature is set forth below hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER
JAB Investments, Inc.

By: 
John J. Allen, Director

95 JAN 12 11:30 AM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Prepared by: Linda Y. Kalco, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for VAULT - Collins Partners, Ltd., at the place designated in the above Certificate of Limited Partnership, 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. I am familiar with and I accept the obligations of a registered agent.

AGENT

By: *Laura Henry Allen*
Laura Henry Allen

Date: 1-11-05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 12 AM 11:28

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



RENEWAL STATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32399-0001
TELEPHONE (904) 493-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 28 AM 10:06

#115

(PRINT WITHIN THIS SPACE)

1. Name of Partnership
**1a. DOCUMENT #
A95000000084**

VAULT-COLLINS PARTNERS, LTD.

2. Home Mailing Address, if Applicable

Mailing Address: **THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207**
Principal Office Address: **THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207**

3. Apt. # etc.

City, State & Zip

2a. How Principal Office Address, if Applicable

State, Apt. # etc.

City, State & Zip

3. Date Form or Report filed to the Secretary of State in FLORIDA: **01/12/1995**
3a. Date of Last Report

4. State or Country of Formation: **FL**

5a. Capital Contributions as Stated on Record: **\$7,500.00**

5b. Amount of Capital Contributions in FLORIDA to date: **SAME AS 5a**

6. FIC Number: **59-3289291**

Applied For: **7. CERTIFICATE OF STATUS REQUIRED**
Not Applicable: **\$0.75 Additional Fee required for a Certificate of Status**

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 7b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent:
**ALLEN, LAURA HENRY
200 LAURA ST., THIRD FLOOR
JACKSONVILLE FL 32202**

10. If changed, new Registered Agent/Office:
Name:
Street Address (P.O. Box Number is Not Acceptable):
State, Apt. # etc.:
City: **FL** Zip Code:

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of sections 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE: _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registrar/Document Number
JAB INVESTMENTS, INC.	1301 RIVERPLACE BLVD.	JACKSONVILLE FL 32207	P95000003438

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee assigned to submit this report as required by chapter 620, Florida Statutes.

SIGNATURE: *John J. Allen* DATE: **20 Dec. 1995**
Typed or Printed Name of General Partner Signing Form: **JOHN J. ALLEN** Telephone Number: **904-391-0008**

CR2E003 (6/95)

CONTACT:
A9500000084

OFFICE USE ONLY (Document #)

UGG FILING & SEARCH SERVICES
 (Requestor's Name)

526 EAST PARK AVENUE SUITE 200
 (Address)

TALLAHASSEE, FL 32301 (904) 681-6528
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

15160191

FILED
 05 APR 11 PM 2:05
 TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Vault-Collins Partners, Ltd
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

\$52.50 - FF
 CM

A9500000084

900001779779
 -04/15/2011-01033--009
 *****52.50 *****52.50

- Walk in Pick up time _____
- Mail out Will wait Photocopy
- Certified Copy ARTICLES ONLY
- Certificate of Status ALL CHARTER DOCS
- CERTIFICATE OF GOOD STANDING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

- Certificate of FICTITIOUS NAME
- FICTITIOUS NAME SEARCH
- CORP SEARCH

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

HOLD FOR PICKUP BY UCC SERVICES

Examiner's Initials _____

AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
VAULT-COLLINS PARTNERS, LTD.

FILED
APR 11 1996
TALLAHASSEE, FLORIDA

The undersigned, desiring to amend its Certificate of Limited Partnership in accordance with Section 620.109, Florida Statutes, hereby certifies the following:

1. The name of the Limited Partnership is VAULT-COLLINS PARTNERS, LTD. (the "Partnership").
2. The date of filing the Certificate of Limited Partnership was January 12, 1995.
3. This Certificate of Limited Partnership is hereby amended as follows:
 - (a) JAB Investments, Inc., the original sole general partner of the Partnership has withdrawn as general partner and VCP-Housing Foundation, Inc., a Florida not-for-profit corporation, has been admitted as the new sole general partner of the Partnership.
 - (b) The address of the new general partner is:

N93 006002446

3030 Hartley Road, Suite 100
Jacksonville, Florida 32257

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 10th day of April, 1996.

WITNESSES:

GENERAL PARTNER

VCP-HOUSING FOUNDATION, INC., a
Florida not-for-profit
corporation

John G. Metcalf
Name printed: John G. Metcalf

By: Michael L. Bernard

Shannon Mastenardi
Name printed: Shannon Mastenardi

Its: Vice President

SENT BY: 10-21-96 10:00AM F&L JACKSONVILLE- # 2/ 0
A9500000084

10/21/96

FLORIDA DIVISION OF CORPORATIONS
 PUBLIC ACCESS SYSTEM
 ELECTRONIC FILING COVER SHEET

9:37 AM

((H9600014744 2))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000
 FROM: FOLBY & LARDNER ACCT#: 07272000061
 CONTACT: KAREN PETERSON
 PHONE: (904)359-2000 FAX #: (904)359-8700

NAME: VAULT-COLLINS PARTNERS, LTD.
 AUDIT NUMBER.....H9600014744
 DOC TYPE.....LIMITED PARTNERSHIP AMENDMENT
 CERT. OF STATUS..0 PAGES..... 1
 CERT. COPIES.....1 DEL.METHOD.. FAX
 EST.CHARGE.. \$105.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
 AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE
 DOCUMENT

A95-84

Name	OR D-21
Availability	
Document	2
Examiner	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

FILED
 95 OCT 21 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

10-21-96 10:00AM
 10-21-96 10:00AM
 10-21-96 10:00AM

SENT BY: (904)359-2000

110-21-08 10:50AM

F&L JACKSONVILLE

1 / 0

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAJIRA STREET 32202-3627
TELEPHONE (904) 359-2000
FACSIMILE (904) 359-8700

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations FAX NO.: 904/922-4000
FROM: Leighann Whitten
DATE: 10/21/96 TIME: 9:42am

NO. OF PAGES (including this page): 3

MESSAGE:

FILED
96 OCT 21 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OPERATOR:

FILE NO: 071441/0112

IF YOU DO NOT RECEIVE THE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000 (EXT. 7307).

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

Fax Audit No. H96000014744 2

AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
VAULT-COLLINS PARTNERS, LTD.

The undersigned, desiring to amend its Certificate of Limited Partnership in accordance with Section 620.109, Florida Statutes, hereby certifies the following:

1. The name of the Limited Partnership is VAULT-COLLINS PARTNERS, LTD. (the "Partnorship").
2. The date of filing the Certificate of Limited Partnership was January 12, 1995.
3. This Certificate of Limited Partnership is hereby amended as follows:
 - (a) VCP-Housing Foundation, Inc., the sole general partner of the Partnership has withdrawn as general partner and JAB Investments, Inc., a Florida corporation, has been admitted as the new sole general partner of the Partnership. *P95-3438*
 - (b) The address of the new general partner is:
1301 Riverplace Boulevard, Suite 2552
Jacksonville, Florida 32207

IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 16th day of July, 1996.

WITNESSES:

GENERAL PARTNER

JAB Investments, INC., a Florida corporation

Linda C. Flad
Name printed: LINDA C. FLAD

By: John J. Allen
Its: President

Mark D. Sawyer
Name printed: Mark D. Sawyer

FILED
05 OCT 21 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10081

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H96000014744 2

A9500000084

1/07/97 CORPORATE DETAIL RECORD SCREEN 8:43 AM
NUM: A9500000084 ST:FL ACTIVE/FL LP FLD: 01/12/1995
LAST: AMENDMENT FLD: 10/21/1996
ACT CONT: 7,500.00 FEI#: 59-3289291
NAME : VAULT-COLLINS PARTNERS, LTD.
PRINCIPAL: % THE VAULT GROUP, INC.
ADDRESS 1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE, FL 32207
RA NAME : ALLEN, LAURA HENRY
VA ADDR : 200 LAURA ST., THIRD FLOOR
JACKSONVILLE, FL 32202 US
ANN REP :

500002077695--6
-02/05/97--01001--009
****943.75 ****787.50

(1996) I 12/28/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 30 PM 3:49

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

Name	Availability
Document	DCC
Partner	DCC
State of Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

*increasing to
\$120,000.00*

G. TAX _____
FEE 787.50
R. FEE _____
C. _____
H. _____
D. FEE _____
Record _____

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of VAULT-Collins Partners, Ltd. a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partnership is \$120,000.

This 27th day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

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

General Partners

John J. Allen, President
JAB Investments, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 30 PM 3:49