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STUART, FLORIDA 34995

STUART (407) 288-0048
FAX (407) 288-0049

A95000001599

October 11, 1995

Secretary of State
Division of Corporations
Bureau of Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

000001611280
-10/27/95--01026--005
*****8.75 *****8.75

000001611280
-10/16/95--01008--004
****140.00 ****140.00

Re: ~~21st Century~~ ^{FLORIDIAN} Investments, Ltd.

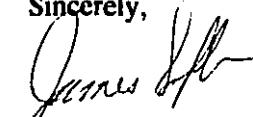
Gentlemen:

Enclosed is an original and one copy of the Certificate of Limited Partnership of 21st Century Investments, Ltd., an Affidavit of Capital Contributions and a check in the amount of \$140.00 payable to the State of Florida. Kindly accept the enclosed for filing.

Please return a certified copy of the Certificate of Limited Partnership and a certified copy of the Affidavit of Capital Contribution to the undersigned at your convenience.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call.

Sincerely,



James Sopko
JS/sll

[bua\hainfield\lr-state.bd]

W95000020680
\$ 789,519,656,671

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 3:07

hjk

10/24/95

CERTIFICATE OF LIMITED PARTNERSHIPFILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 24 PM 3:07

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. Name of Limited Partnership

The name of the Limited Partnership is **Floridian Investments, Ltd.**

2. Office for Maintenance of Business Records

The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

3. Agent for Service of Process

The name and address of the Partnership's agent for service of process in Florida is **Marc Haisfield, 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

4. General Partners

PC12080008122
The name and business address of the General Partner in the Limited Partnership is **Blue Chip Realty, Inc., a Florida Corporation, located at 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

5. Address of Partnership

The mailing address of the Limited Partnership is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

6. Date of Dissolution

The latest date in which the Limited Partnership is to dissolve is **December 31, 2050.**

7. **Effective Date**

This certificate will become effective, and the Limited Partnership will be formed, upon filing with the Secretary of State.

Dated: October 23rd, 1995

Stuart, Florida

General Partner:
Blue Chip Realty, Inc.

By: 
Randy Haisfield
Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 26 PM 3:07

ACCEPTANCE OF AGENT FOR SERVICE OF PROCESS

Having been named to accept service of process for the above-stated limited partnership, FLORIDIAN INVESTMENTS, LTD., I hereby agree to act in that capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED this 23rd day of October, 1995.



Marc Haisfield
Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the President of **Blue Chip Realty, Inc.**, a Florida corporation, the sole general partner of **Floridian Investments, Ltd.**, a Florida Limited Partnership (the "Partnership"), declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The original Limited Partners have made a capital contribution in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
Tammy Haisfield	\$1912.50
Marc Haisfield	1912.50
Lisa Haisfield	1800.00
Randy Haisfield	1800.00

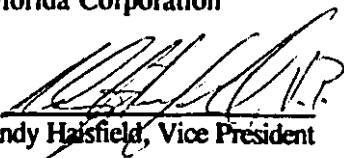
FILED
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 DIVISION OF CORPORATIONS
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2. No additional limited partner contributions are anticipated at this time.

Dated: October 24, 1995

Stuart, Florida

General Partner
 Blue Chip Realty, Inc.
 a Florida Corporation

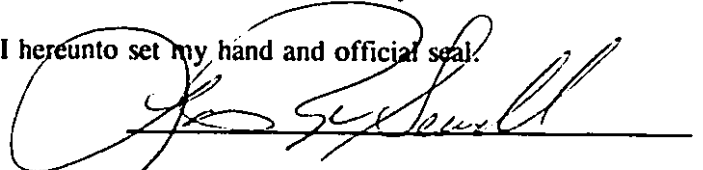
By: 
 Randy Haisfield, Vice President

STATE OF FLORIDA
 COUNTY OF MARTIN

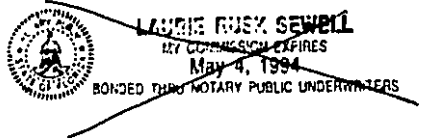
On this 24 day of October, 1995, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments, personally appeared Randy Haisfield, the President of Blue Chip Realty, Inc., a Florida Corporation, the General Partner of Floridian Investments, Ltd., a Florida Limited Partnership, who is [] personally known to me or [] who provided his _____ as identification, and who is the person whose name is subscribed to the within instrument and who acknowledged that he executed the same on behalf of the General Partner of the Partnership.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.





I am a Notary Public of the State of Florida having a commission number of CC _____ and my commission expires: _____.



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

FILED
 95 DEC 26 AM 9:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE

LIMITED PARTNERSHIP ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A95000001599
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FLORIDIAN INVESTMENTS, LTD.

Mailing Address 735 Colorado Avenue Suite 6 Stuart, Florida 34994	Principal Office Address 600001677816 -01704736--01017--017 ***191.25 ***191.25
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3. Date Formed or Registered to Do Business in FLORIDA 10/24/95	3a. Date of Last Report N/A	4. State or Country of Formation Florida
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5a. Capital Contributions as Shown on Return \$7,425.00	5b. Amount of Capital Contributions in FLORIDA to date \$7,425.00	6. FEI Number 65-0612420	7. CERTIFICATE OF STATUS REQUIRED <input type="checkbox"/>
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8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b 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 Marc Haisfield 735 Colorado Avenue, Suite 6 Stuart, Florida 34995	10. If changed: new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite Apt # etc City FL Zip Code
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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 section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Blue Chip Realty, Inc.	735 Colorado Avenue	Stuart, FL 34994	99200008122

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

12. I do 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE 12/21/95

Type or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003(6/95)