

CT CORPORATION SYSTEM				•
660 EAST JEFFERSON STRE	er			
Requestor's Name TALIAHASSEE, FL 32301				
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CERTIFICATE OF LIMITED PARTNERSHIP

OF

TALLAHASSEE HEALTH ASSOCIATES II, LTD.

- 1. The name of the limited partnership is Tallahassee Health Associates II, Ltd.
- 2. The address of the registered office is 1200 South Pine Island Road, Plantation, Florida, 33324, and the name of the registered agent for service of process at such address is CT Corporation System.
- 3. The business and mailing address of the limited partnership is 2600 East South Boulevard, Suite 225, Montgomery, Alabama 36116.
- 4. The name and mailing address of the general partner of the limited partnership is as follows: Empire Rouse Tallahassee, Inc. 2600 East South Boulevard, Suite 225, Montgomery, Alabama 36116.
- 5. The business of the limited partnership shall continue until April 29, 2048, or until otherwise dissolved by the general partner.

In witness whereof, the General Partner has executed this Certificate of Limited Partnership on this 28th day of April, 1998.

EMPIRE ROUSE TALLAHASSEE, INC.,
Its General Partner

ranum Fitzpatrick

Its: President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Tallahassee Health Associates II, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$99.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$99.00.

This $28^{\frac{1}{2}}$ day of April, 1998.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

TALLAHASSEE HEALTH ASSOCIATES II, LTD.

EMPIRE ROUSE TALLAHASSEE, INC.

Its General Partner

Tranum Fitzpatrick

Its: President

Registered Agent Acceptance

Having been named as registered agent and to accept service of process for the above stated limited partnership at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this the 29th day of April, 1998.

CT CORPORATION SYSTEM

By:

CONNIE BRYAN

Its: SPECIAL ASSISTANT SECRETARY

SECRETAR CORPORATIONS
DIVISION OF CORPORATIONS
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