

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-1391 FAX

800-342-8086

**B95000000294**



PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 660510 9804A

AUTHORIZATION :

COST LIMIT : \$ 184,000 *Patricia Pigitt*

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 AUG 16 PM 1:28

ORDER DATE : August 16, 1995

ORDER TIME : 10:28 AM

ORDER NO. : 660510

CUSTOMER NO: 9804A

300001562053

CUSTOMER: Paul H. Kupfer, Esq  
Kupfer Kupfer & Skolnick, Pa  
Suite 110  
1700 University Drive  
Coral Springs, FL 33071

FOREIGN FILINGS

NAME: INTERDEVCO-NORMANDY/RBG XVII  
LIMITED PARTNERSHIP

       PROFIT  
       NON-PROFIT

X        CORPORATE  
X        LIMITED PARTNERSHIP

       QUALIFICATION

RECEIVED  
95 AUG 16 AM 11:05  
DIVISION OF CORPORATIONS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X        CERTIFIED COPY  
       PLAIN STAMPED COPY  
X        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

*BK  
8/16/95*

Sandra B. Morham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED STATE SECRETARY OF CORPORATIONS 95 AUG 16 PM 5:28

1. INTERDEVCO-NORMANDY/RBG XVII L. P. (Name of limited partnership as it is in the home state)

2. INTERDEVCO-NORMANDY/RBG XVII Limited Partnership (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Illinois (State of Formation) 4. August 14, 1995 (Date of Formation)

5. Paul H. Kupfer, Esq. (Name of Registered Agent for Service of Process)

6. 1700 University Drive (Street Address of Registered Office) Coral Springs, Florida 33071 (City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process. (Agent must sign on this line)

8. 154 West Hubbard, Suite 250, Chicago Illinois 60610 (Address of registered office required in state of formation or, if not required, address of principal office.)

Table with 2 columns: NAMES OF GENERAL PARTNERS and SPECIFIC ADDRESS. Includes entries for RBG XVII Corp. and Interdevco Normandy Lakes, L.P.

10. 154 West Hubbard, Suite 250, Chicago, Illinois 60610 (Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

154 West Hubbard, Suite 250  
12. Chicago, Illinois 60610  
(Mailing Address of Limited Partnership)

FILED  
SECRETARY OF CORPORATIONS  
95 AUG 19 PM 1:28

This 15 day of August, 19 95.

[Signature]  
General Partner

STATE OF Florida

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 15<sup>th</sup> day

of August, 19 95, by Roger Dalal, Managing Member of Interdevco Normandy Lakes, L. C. of

Interdevco-Normandy/RBG XVII L. P., a Illinois

Limited Partnership, on behalf of Illinois  
Limited Partnership. (State or Country)

[Signature]  
Notary Public Paul Kupper

State of Florida at Large

(SEAL)

My Commission Expires: \_\_\_\_\_



**PAUL KUPFER**  
MY COMMISSION # CC 142670 EXPIRES  
**October 10, 1995**  
BONDED THRU TROY FARM INSURANCE, INC.

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME the undersigned personally appeared Roger Dalal, Managing Member of Interdevco Normandy Lakes, L. C., a general partner of Interdevco Normandy Lakes, L. C., a (an) Illinois limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

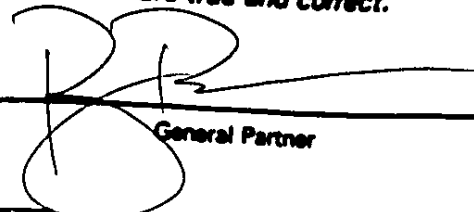
FILED  
SECRETARY OF CORPORATIONS  
DIVISION  
AUG 16 PM 1:28 '95

- 1. The amount of capital contributions of the limited partners is \$ 2,300,000.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,300,000.00.

This 15 day of August, 19 95.

**FURTHER AFFIANT SAYETH NOT.**

*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.*

  
\_\_\_\_\_  
General Partner

State of FLORIDA  
County of DADE  
Date August 15, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Roger Dalal, Managing Member of Interdevco Normandy Lakes, L. C. (General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 15<sup>th</sup> day of August, 19 95.

Seal



**PAUL KUPFER**  
MY COMMISSION # CC 142670 EXPIRES  
October 10, 1995  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Notary Public

State of Florida at Large

My commission expires: \_\_\_\_\_

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 DEC -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000294**

**INTERDEVCO-NORMANDY/FBG XVII LIMITED PARTNERSHIP**

Mailing Address

136 WEST HUBBARD, SUITE 210  
CHICAGO IL 60610

Principal Office Address

136 WEST HUBBARD, SUITE 210  
CHICAGO IL 60610

2. New Mailing Address, If Applicable

Suite, Apt #, etc

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt #, etc

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
FLORIDA  
**08/16/1995**

3a. Date of Last Report

4. State or Country of Formation  
**L**

5a. Capital Contributions as Shown  
on Record:  
**\$2,300,000.00**

5b. Amount of Capital Contributions in  
FLORIDA to date  
**409,710**

6. FEI Number  
**65-0287392**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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.

*or*  
**5/24/95**

9. Name and Address of Current Registered Agent

**KLIPPER, PAUL H ESQ.**  
**1780 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

Name

Street Address (P O Box Number Is Not Acceptable)

Suite, Apt #, etc

City

10. If changed, new Registered Agent/Office

**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 section 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)

**FBG XVII CORP.**  
**INTERDEVCO NORMANDY LAKES, L**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**154 WEST HUBBARD, SU**  
**10500 N.W. 27TH STREET**

11b. City, State & Zip Code

**CHICAGO IL 60610**  
**MIAMI FL 33172**

11c. Registration/  
Document Number

**F35000000004**  
**L9800000127**

**5000016540US**  
**-12/06/95--01034--01/1**  
**\*\*\*\*576.25 \*\*\*\*576.25**

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 in 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 *By: Paul H. Klipper*

DATE **11/3/95**

Telephone Number **(312) 464-0100**

CR2E003 (6/95)