60000007 PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name) 1406 Hays Street, Suite 2 (Address) Tallahassee, FL 32301 (904) 656-3992 OFFICE USE ONLY (City, State, Zip) (Phone #)

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Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. Sommerville Associates LP (Document #1 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Welk in | | Pick up time _ Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director J. IAA Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal R. AGENT FLE ______ ? ii cory Other Merger IUTAL - 12772 N. BARK REGISTRATION/ NOTHER FILINGS SALANCE BUE ____ QUALIFICATION PERTAND____ Annual Report Foreign Fictitious Name Limited Partnership Namo Reservation Reinstatement

Trademark

Other

CR2E031(10/92)

I

Florida Department of State, Jim Smith, Secretary of State

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

1.Sommerville Associates, L.P.	
(Name of limited partnership as it is in the home stat	o: 9 1865
2. Sommerville Associates, Limited Partnership (If name is unavailable, name under which the limited transact business in Florida; must contain the word "	partnership proposes to register or 🔧 🣑
3. <u>Dalawara</u>	4. <u>August 7, 1995</u> (Date of Formation)
(State of Formation)	رن (Date of Formation)
5. National Corporate Research (Name of Registered Agent for	ch, Ltd,
6. 1406 Hays Street - Suite #	#2.
(Street Address of Regis	
<u>Tallahassee</u> (City)	, Florida <u>32301</u> (Zip Code)
7.Acceptance by the Registered Agent for Service of F	-6
Joseph Mirrione, Assi	
(Type Name and Title	of Officer)
8.c/o Leisure Facilities, Inc., XV, Suite 350, 2650 Nort (Address of Registered Office required in State of F Principal Office.)	formation or, if not required, Address of
9. NAME OF GENERAL PARTNERS F9 60000 106	SPECIFIC ADDRESS
Leisure Facilities, Inc., XV, Suite 350, 2650 North M	
10. <u>Leisure Facilities, Inc., Suite 350 North Military Trai</u> (Office where Names, Addresses and Contributions of	
11. The limited partnership will undertake to keep the recontributions of the limited partner or limited partners unformed is canceled or withdrawn.	
12.c/o Leisure Facilities, Inc., Suite 350, 2650 No. Mili	tary Trail, Boca Raton, FL 33431

(Mailing Address of Limited Partnership)

This 33 day of Feb	ruary, 1998.	•	
By: Leisure F By:	Associatees, L.P. activities, Ind. XX nt of General Partner		
STATE OF New COUNTY OF BE	gener		
THE FOREGOING in February, 1996, by General Partner) of S (Name of Limited Pa	strument was acknowledged and sw Bernard M. Rodin, Vice President of Sommerville Associates, L.P. rtnership), A Delaware olf of the Limited Partnership.	vorn to before me this 23 day Leisure Facilities, Inc., XV (Nar (State or Country) Limited	of na of
(SEAL)	Notary Public State of at Large My Commission Expires:		
	VERONIKA RIEMER NOTARY PUBLIC OF NEW JERSEY MY COMMISSION EXFIRES FEB 19, 1998		SECRETARY OF STATE SECRETARY OF STATEMS SWISSCON OF PN 2: 32 96 HAR -1 PN 2: 32

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared <u>Bernard M. Rodin, Vice President of Leisurg Facilities, Inc., XV</u>, the general partner of <u>Sommerville Associates, L.P.</u>, a <u>Delaware</u>, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1.) The amount of capital contributions of	the limited partners is \$ 8,300,000	
2.) The anticipated amount of the capital callocated for the purposes of transacting business.	contributions of the limited partners that aronness in Florida is \$_8.300.000	
This 23 day of February, 1996.		
FURTHER AFFIANT SAYETH NOT.	ڊ <u>ئي</u> ري	
Under penalties of perjury I declare that I have the best of my knowledge and belief.	e read the foregoing and that the facts are true, to	
	By: Leisure Facilities, Inc., XV, General Partner BY: Bernard M. Rodin, Vice President of	
	General Partner	
STATE OF		
IN WITNESS WHEREOF, I have hereunto set mand County aforesaid, this 22 day of February,	ny hand and affixed my official seal, in the State 1996.	
	Verika Kumer Notary Public	
Seal		
	State of New Tersey at Large My Commission Expires:	
	≪/11/18	

NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION FYPIRES FEB. 19. 1998