

Document Number Only

B96000000055

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 12 PM 2:59

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

G. TAX FILING 52.50
R. AGENT FEE 35.00
C. COPY 87.50
TOTAL

NUMBER OF SHARES
BALANCE DUE
DEFERRED

305 Partners limited Partnership

13/8 2/12/96

96 FEB 12 PM 1:03
DIVISION OF CORPORATIONS

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS/ G/S
- After 4:30
- Pick Up

Name
Avallability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

2/12/96

R9500005783

by
CT

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FILE STAMPED
400001715204
-02/15/96--01010--005
*****87.50 *****87.50

file 200

Florida Department of State, Jim Smith, Secretary of State

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

96 FEB 12 PM 2:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. SOS Partners Limited Partnership
(Name of limited partnership as it is in the home state);

2. _____
(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. Delaware
(State of Formation)

4. 02/08/96
(Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM
Margaret Butler
(Officer must sign on this line)

ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. c/o CIBC, 425 Lexington Avenue, New York, New York 10017
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.) Attention: Mary Kate Miller

9. NAME OF GENERAL PARTNERS

SOS Properties Management
Company, Inc.

SPECIFIC ADDRESS

c/o CIBC
425 Lexington Avenue
New York, New York 10017

F9400V000704

10. c/o CIBC, 425 Lexington Avenue, New York, New York 10017, Attn: Mary Kate Miller
(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.

12. c/o CIBC, 425 Lexington Avenue, New York, New York 10017, Attn: Mary Kate Miller
(Mailing Address of Limited Partnership)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 12 PM 2:58

BEFORE ME, the undersigned, personally appeared SOS Properties Management Company, Inc.
general partner of SOS Partners Limited Partnership, a (an)
Delaware, limited partnership, hereinafter referred to as the "Partnership"
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

This 08 day of February, 1996

FURTHER AFFIANT SAYETH NOT.

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

General Partner
SOS Properties Management Company, Inc.
By: [Signature]
Name: ROBERT N. GREER
Title: President

STATE OF NEW YORK)
 :
COUNTY OF NEW YORK)

BEFORE ME, the undersigned officer, a notary public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared ROBERT N. GREER the President of SOS Properties Management Company, Inc., 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 the President of SOS Properties Management Company, Inc., the 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 08 day of February, 1996.

[Signature]
Notary Public
ANDREA S. CAMERON
Notary Public, State of New York
No. 31-4983009
Qualified in New York County
Commission Expires June 17, 1997

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SOS Partners Limited Partnership

% CIBC Requestor's Name

425 Lexington Avenue Address

New York, NY 10017 City/State/Zip Phone #

300002050039--4
-01/08/97--01028--013
*****52.50 *****52.50

Office Use Only

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

- 1. _____ (Corporation Name) (Document #)
- 2. _____ (Corporation Name) (Document #)
- 3. _____ (Corporation Name) (Document #)
- 4. _____ (Corporation Name) (Document #)

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

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DIVISION OF CORPORATIONS
96 DEC 23 PM 12: 52

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 <i>Supplemental affidavit \$1,000.00</i>
<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

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

C. TAX _____
 FILING 52.50
 R. AGENT FEE _____
 C. COPY _____
 T. _____
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

Examiner's Initials dec

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of SOS PARTNERS LIMITED,
PARTNERSHIP a(an) DELAWARE

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,
Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the
purpose of transacting business in Florida is: \$ 1,000.00.

This 20th day of DECEMBER, 19 96.

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DIVISION OF CORPORATIONS
95 DEC 23 PM 12:52

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

[Signature]
JOHN F. ENRIGHT, JR. - SECRETARY
SOS PROPERTIES MANAGEMENT Co. - G.P.

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)