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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL,  
Account Number : 076077000521  
Phone : (954) 527-2428  
Fax Number : (954) 764-4996

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED PARTNERSHIP**

Hillsborough County Associates II, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,846.25

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*Handwritten signature and date: 3/20/04*

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
HILLSBOROUGH COUNTY ASSOCIATES II, LTD.**

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited partnership, as follows:

1. The name of the limited partnership (the "Partnership") is Hillsborough County Associates II, Ltd.

2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act") is 1401 University Drive, Suite 200, Coral Springs, Florida, 33071.

3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Mark F. Grant, Esq., c/o Ruden, McClosky, Smith, Schuster & Russell, P.A., 200 East Broward Blvd., Suite 1500, Fort Lauderdale, Florida, 33301.

4. The name of the General Partner of the Partnership is Hillsborough County II Corporation, and the business address of the Partnership is 1401 University Drive, Suite 200, Coral Springs, Florida, 33071.

5. A mailing address for the partnership is 1401 University Drive, Suite 200, Coral Springs, Florida, 33071.

6. The last date upon which the Partnership is to dissolve is thirty (30) years following the date of filing of this Certificate.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this certificate this 29th day of March, 2004.

GENERAL PARTNER:

HILLSBOROUGH COUNTY II CORPORATION

By: [Signature]  
N. Maria Mendez, Vice President

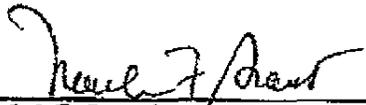
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph 3 of the Certificate of Limited Partnership of Millsborough County Associates II, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that it is familiar with and accepts the obligations imposed upon registered agents under the Florida Revised Uniform Limited Partnership Act (1986).

  
Mark F. Grant, Esq./Registered Agent

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TALLAHASSEE, FLORIDA

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AFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS  
OF LIMITED PARTNERS OF  
HILLSBOROUGH COUNTY ASSOCIATES II, LTD.

BEFORE ME, the undersigned, constituting the sole General Partner of Hillsborough County Associates II, Ltd., a Florida limited partnership (the "Partnership"), certifies as follows:

Upon the formation of the Partnership, the limited partners' contributions of cash and property to the Partnership have a value of Sixteen Million and No/100 (\$16,000,000.00) Dollars. No additional capital contributions are anticipated to be made by the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

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.

HILLSBOROUGH COUNTY II CORPORATION

By:   
N. Maria Mendez, Vice President

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