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Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

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*****87.50 *****87.50

Corporation(s) Name

Sawgrass Limited Partnership NO.2

LP - 87.50

☐ Profit
☐ Nonprofit

☐ Foreign
☐ LLC

☒ Limited Partnership
☐ Reinstatement

☐ Certified Copy

☐ Amendment

☐ Dissolution

☐ Annual Report

☐ Reservation

☐ Fictitious Name

☐ Photocopies

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☐ Other

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Melanie Strickland

Thank You!

MAR 29

To: Buck (4)

*Please call Melanie
on 4/15*

3/30

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DIVISION OF CORPORATIONS
00 MAR 29 AM 8:33

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 29, 2000

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SAWGRASS LIMITED PARTNERSHIP NO. 2
Ref. Number: W00000008427

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DIVISION OF CORPORATIONS
00 MAR 29 AM 8:33

Please note that NO PAYMENT was received with this filing, and that NO PAYMENT HAS BEEN RETAINED, and that the documents are being returned UNFILED.

For purposes of establishing what filing fee a limited partnership must pay, and for purposes of determining when -- if ever -- the limited partnership will be required to file a SUPPLEMENTAL AFFIDAVIT, we must require that the partnership state the TOTAL AMOUNT CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS.

This must be a definite money amount. We cannot accept a statement that this amount "has not been determined."

Please do not hesitate to call if you have any questions about this.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 000A00017316

**AFFIDAVIT AND CERTIFICATE OF
LIMITED PARTNERSHIP
OF
SAWGRASS LIMITED PARTNERSHIP NO. 2
A Florida Limited Partnership**

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SECRETARY OF CORPORATIONS
00 MAR 29 AM 8:33

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, hereby certifies and declares as follows:

(1) The name of the partnership is **SAWGRASS LIMITED PARTNERSHIP NO. 2**, a Florida limited partnership (the "Partnership").

(2) The mailing address and principal place of business of the Partnership shall be 10150 Highland Manor Drive, Suite 150, Tampa, FL 33610.

(3) The name and street address of the agent for service of process is CT Corporation System, 1300 Pine Island Road, Plantation, FL 33324.

(4) The name and mailing address of the sole general partner of the Partnership is Duke-Weeks Realty Limited Partnership, 4497 Park Drive, Norcross, Georgia 30093.

(5) The latest date upon which the Partnership is to dissolve and liquidate is December 31, 2050.

(6) The total present contribution to the capital of the Partnership made by the limited partner is zero. The amount of the capital contributions to be made by the limited partner is zero.

IN WITNESS WHEREOF, the undersigned general partner has executed this Affidavit and Certificate of Limited Partnership on this 28th day of March, 2000.

SOLE GENERAL PARTNER:

**DUKE-WEEKS REALTY LIMITED
PARTNERSHIP**

By: Duke-Weeks Realty Corporation, general
partner

By: James W. R. Rensie
Its: EVP

ACCEPTANCE OF APPOINTMENT

The undersigned acknowledges and accepts its appointment as registered agent of **SAWGRASS LIMITED PARTNERSHIP NO. 2**, a Florida limited partnership (the "Partnership"), and agrees to act in that capacity and to comply with the provisions of the Florida Limited Partnership Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts, the obligations of a registered agent appointed as provided for in Chapter 620 of the Florida Statutes.

Dated this 29th day of March, 2000.

CT CORPORATION SYSTEM

By: Connie Bryan
Name: CONNIE BRYAN
Title: SPECIAL ASSISTANT SECRETARY

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