Address Address

City/State/Zip

Phone #

700003254337--E -05/16/00--01028--014 ****743.75 ****148.75

Examiner's Initials

Office Use Only

	Office one only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
1. Corporation Name)	ierland Itd 8 (Document#)
2(Corporation Name)	(Document #) PP 3757
3(Corporation Name)	(Document #) 96 5116
Walk in Pick up time Mail out Will wait	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OHALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Limited Partnership Reinstatement Trademark Other

CERTIFICATE OF LIMITED PARTNERSHIP

OF

MARCO COLLIER LAND, LTD.

The undersigned General Partner hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et. seq.) as follows:

1. Name.

The name of the limited partnership (the "Partnership") is MARCO COLLIER LAND, LTD.

2. Registered Office.

The registered office of the Partnership in the State of Florida is 365 Fifth Avenue South, Suite 201, Naples, Florida 34102.

3. Registered Agent.

The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida is Jack J. Antaramian, 365 Fifth Avenue South, Suite 201, Naples, Florida 34102.

4. General Partner.

The name and business address of the General Partner is as follows:

Marco Collier Land, LLC c/o Gulf Bay Management, Inc. 3470 Club Center Boulevard Naples, FL 34114-0816

JWW0 000552

5. <u>Mailing Address</u>.

The mailing address of the Partnership is c/o Gulf Bay Management, Inc., 3470 Club Center Boulevard, Naples, FL 34114-0816.

6. <u>Dissolution</u>.

The latest date upon which the Partnership will dissolve is December 31/2

2049.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership as of the _____ day of May, 2000.

GENERAL PARTNER:

MARCO COLLIER LAND, LLC, a Florida limited liability company

Iack I Awaramian, a Manage



CERTIFICATE DESIGNATING REGISTERED AGENT

AND REGISTERED OFFICE

In compliance with Florida Statutes Section 620.192, the following is submitted:

MARCO COLLIER LAND, LTD., desiring to organize as a limited partnership under the laws of the State of Florida, has designated 365 Fifth Avenue South, Suite 201, Naples, Florida 34102 as its initial Registered Office and has named Jack J. Antaramian located at said address as its initial Registered Agent.

MARCO COLLIER LAND, LLC

General Partner

Jack J. Antaramian, a Manager

Having been named Registered Agent for the above stated limited partnership, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of Florida Statutes Section 620.192 relative to keeping open said office.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Jack J. Antaramian, a Manager of Marco Collier Land, LLC, a Florida limited liability company, constituting the sole general partner of MARCO COLLIER LAND, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

- 1. The actual amount of capital contributions of the limited partners is \$99.00.
- 2. The total anticipated amount of the capital contributions of the limited partners is \$99.00.

This _____day of May, 2000.

FURTHER AFFIANT SAYETH NOT.

Under 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.

General Partner:

MARCO COLLIER LAND, LLC

General Partner

General yarther

Jack J. Antaramian, a Manager

STATE OF FLORIDA

SS

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this // day of May, 2000, by Jack J. Antaramian, a Manager of MARCO COLLIER LAND, LLC, a Florida limited liability company, who is personally known to me or who has produced ______ as identification.

Name:

Notary Public

State of Florida

My Commission Expires:

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