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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State



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To:

Division of Corporations

Fax Number

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From:

Account Name : TURNBERRY ASSOCIATES

Account Number : Il9990000201

Phone

: (305)933-5505

Fax Number

: (305)933~5535

FLORIDA LIMITED PARTNERSHIP

Soffer Crossings Limited Partnership

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$96.25

CERTIFICATE OF LIMITED PARTNERSHIP OF SOFFER CROSSINGS LIMITED PARTNERSHIP

1. The name of the Limited Partnership is:

SOFFER CROSSINGS LIMITED PARTNERSHIP

The Business Address of the Limited Partnership is:

19501 Biscayne Boulevard Suite 400 Aventura, Florida 33180

3. The Name of the Registered Agent for Service of Process is:

Mario A. Romine

4. The Florida Street Address for the Registered Agent is:

19501 Biscayne Boulevard Suite 400 Aventura, Florida 33180

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process).

The Mailing Address of the Limited Partnership is:

19501 Biscayne Boulevard Suite 400 Aventura, Florida 33180

The latest date upon which the Limited Partnership is to be dissolved is:

December 31, 2050

The Name and Specific Address of the General Partner is:

SOFFER CROSSINGS, LLC 19501 Biscayne Boulevard Suite 400 Aventura, Florida 33180 Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this <u>65th</u> day of March, 2001.

Signature of all general partners:

Soffer Crossings Limited Partnership a Florida limited partnership

By: Soffer Crossings, LLC
a Florida limited liability company

its sole general partner

Jeffrey Soffer, Managing Member

#15555 v1 03/02/01

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF SOFFER CROSSINGS LIMITED PARTNERSHIP

STATE OF FLORIDA	}
COUNTY OF MIAMI-DADE	}SS: }
BEFORE ME, the undersigner SOFFER CROSSINGS LIMITED P.	ed, constituting all of the general partners of ARTNERSHIP, certify:
1. The amount of capital	contributions to date of the limited partners is \$0.
2. The amount contribute this time totals \$200.00.	ed and anticipated to be contributed by member at
Signed this 25th day of M	farch, 2001.
FURTHER AFFIANT SAYE	TH NOT.
Under penalties of per foregoing and know the conter and correct.	jury I (we) declare that I (we) have read the nts thereof and that the facts stated herein are true
: 1	SOFFER CROSSINGS LIMITED PARTERSHIP, a Florida limited partnership
	By: SOFFER CROSSINGS, LLC a Florida limited liability company, its sole general partner
	Ву:
	Print name: Jeffrey Soffer Title: Managing Member
The foregoing instrument was 2001, by Jeffrey Soffer, who is either produced	acknowledged hafors mathi- 510
	Notary Public - State of Florida Name: ANA B. ZE16CER (please print)
My Commission Expires:	SARY PUA OFFICIAL NOTARY SEAL
#15398 v1 03/02/01	ANA 8 ZEIGLER COMMISSION NUMBER CC749107

CONSENT TO USE OF NAME

SOFFER CROSSINGS LIMITED PARTNERSHIP, a limited partnership organized under the laws of the State of Florida, hereby consents to the formation of AVENTURA CROSSINGS, LLC in the State of Florida.

IN WITNESS WHEREOF, the said SOFFER CROSSINGS LIMITED PARTNERSHIP has caused this consent to be executed by its Managing Partner, this day of March, 2001.

SOFFER CROSSINGS LIMITED PARTNERSHIP, a Florida limited partnership

NAME:

TITLE: PARTNE

Witness:

<u>NAME:</u> TITLE:

#16096 v1 03/02/01