

Oct. 24 2001 2:13PM ns

10.4.08 EP 1/3 of 2  
A0/000000/430

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000109117 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4177  
Fax Number : (305) 373-6036

FLORIDA LIMITED PARTNERSHIP

Summit Pointe Housing Partners, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$148.75

RECEIVED  
TALLAHASSEE, FLORIDA  
01 OCT 24

RECEIVED  
TALLAHASSEE, FLORIDA  
01 OCT 24 PM 3:36

Oct. 24, 2001 2:13PM

No. 4458 P.

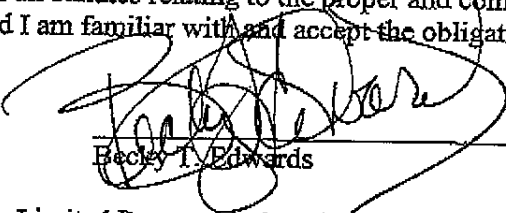
FAX AUDIT NUMBER: H01000109117 1

**CERTIFICATE OF LIMITED PARTNERSHIP**

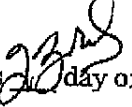
**OF**

**SUMMIT POINTE HOUSING PARTNERS, LTD.**

RECEIVED  
TALLAHASSEE, FLORIDA  
01 OCT 24

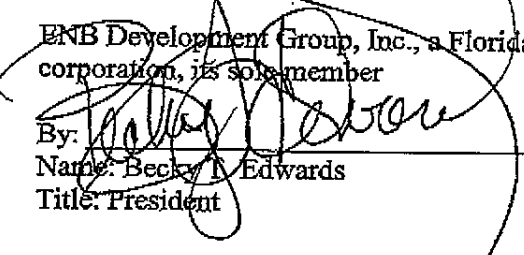
1. Name of the Limited Partnership: Summit Pointe Housing Partners, Ltd.
2. Principal and mailing address of the Limited Partnership: 1006 Beckstrom Drive, Oviedo, Florida 32765.
3. Name and address of the Registered Agent for Service of Process: Becky T. Edwards, 1006 Beckstrom Drive, Oviedo, Florida 32765.
4. Having been named as registered agent to accept service of process for the above stated limited partnership at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  
  
Becky T. Edwards
5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2051.
6. Name and Address of the General Partner: Summit Pointe Housing Associates, LLC, 1006 Beckstrom Drive, Oviedo, Florida 32765. **LOI-18390**

Under penalties of perjury the authorized representative of the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Signed this  day of October 2001.

SUMMIT POINTE HOUSING ASSOCIATES,  
LLC, a Florida limited liability company

By: ENB Development Group, Inc., a Florida  
corporation, its sole member

By:   
Name: Becky T. Edwards  
Title: President

FAX AUDIT NUMBER: H01000109117 1

Oct 24 2001 2:13PM

No. 4458 P. 3/3

**FAX AUDIT NUMBER: H01000109117 1**

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting the sole general partner of Summit Pointe Housing Partners, Ltd., a Florida Limited Partnership, certifies as follows:

The amount of capital contributions to date of the limited partnership is \$1,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$1,000.

Signed this 23rd day of October 2001.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury the authorized representative of the undersigned declares that she has read the foregoing and that the facts alleged are true, to the best of her knowledge and belief.

SUMMIT POINTE HOUSING ASSOCIATES,  
LLC, a Florida limited liability company

By: ENB Development Group, Inc., a Florida  
corporation, its sole member

By: 

Name: Becky T. Edwards

Title: President

G:\JWB\BNG\Securities\Summit Pointe Housing Partners, Ltd\Certificate of Limited Partnership.DOC

**FAX AUDIT NUMBER: H01000109117 1**