

REFERENCE: 430123 5011226

AUTHORIZATION :

COST LIMIT : \$ 148.75

ORDER DATE: March 5, 2002

ORDER TIME : 2:44 PM

ORDER NO. : 430123-075

CUSTOMER NO: 5011226

CUSTOMER: Lillian Clover, Legal Asst

Gray Harris & Robinson, P.a.

Suite 1400

301 East Pine Street Orlando, FL 32801

DOMESTIC FILING

NAME:

EAGLE RIDGE LIMITED

PARTNERSHIP

EFFECTIVE DATE: FILE SECOND

	ARTICLES	OF,	TNC	CORPORATI	ION
XX	CERTIFICA	TE	OF	LIMITED	PARTNERSHIP
	ARTICLES OF		ORGANIZATION		ON

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 5, 2002

DEBORAH SCHRODER CSC TALLAHASSEE, FL

SUBJECT: EAGLE RIDGE LIMITED PARTNERSHIP

Ref. Number: W02000006250

We have received your document for EAGLE RIDGE LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$148.75. However, the document has not been filed and is being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

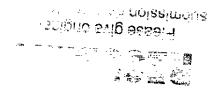
Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calf (850) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 402A00013350

TO EIVED



CERTIFICATE OF LIMITED PARTNERSHIP OF

EAGLE RIDGE SEBRING LIMITED PARTNERSHIP

THE UNDERSIGNED hereby makes and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

- 1. NAME OF PARTNERSHIP. The name of the limited partnership shall be EAGLE RIDGE SEBRING LIMITED PARTNERSHIP.
- 2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 247 North Westmonte Drive, Altamonte Springs, Florida, 32714, or at such other place or places as the General Partner shall from time to time determine.
 - 3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

W. Terry Costolo, Esquire 301 East Pine Street, Suite 1400 Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNER.

Picerne Eagle Ridge, LLC, a Florida limited liability company 247 North Westmonte Drive Altamonte Springs, Florida 32714

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

247 North Westmonte Drive Altamonte Springs, Florida 32714

6. TERM. The partnership shall be dissolved on December 31, 2051, unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this 284 day of February, 2002

General Partner:

PICERNE EAGLE RIDGE, LLC

a Florida limited liability company

By:

Robert M. Picerne, as Manager

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FOR EAGLE RIDGE SEBRING LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting all of the general partners of EAGLE RIDGE SEBRING LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:

- 1. The amount of capital contributions to date of the limited partners is \$.999.90.
- 2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$.999.90

FURTHER AFFIANT SAYETH NOT.

Signed this 28^{12} day of February, 2002.

Under the 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.

General Partner:

PICERNE EAGLE RIDGE, LLC

a Florida limited liability company

By

Robert M. Picerne, Manager

2 MAR -8 PH 4:

CERTIFICATE OF ACCEPTANCE AS REGISTERED AGENT

EAGLE RIDGE SEBRING LIMITED PARTNERSHIP

PARTNERSHIP, a Florida limited partnership, I hereby accept appointment as its Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of Florida 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.

W. Terry Costolo

#41804/Orlando

SECRETARY OF STATE
SIVISION OF CORPORATIONS

02 MAR -8 PM 4: 51