

Apr. 9. 2002 01:56AM ns

No. 6697 EP. 1/3f2

**A020000000530**

**Florida Department of State**

Division of Corporations  
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4/9

**MJH**

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((H02000076252 4)))

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**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

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DIVISION OF CORPORATION

02 APR -9 AM 11:13  
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**FLORIDA LIMITED PARTNERSHIP**

**Magnolia Terrace Housing Partners, Ltd.**

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

FAX AUDIT NUMBER: H02000076252 4

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**MAGNOLIA TERRACE HOUSING PARTNERS, LTD.**

1. Name of the Limited Partnership: Magnolia Terrace 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: CT Corporation System, 1200 South Pine Island Drive, Plantation, Florida 33324.
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.

*Barbara A. Burke*

**BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2052.
6. Name and Address of the General Partner: Magnolia Terrace Housing Associates, LLC, 1006 Beckstrom Drive, Oviedo, Florida 32765. *602-8354*

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.

Signed this 8<sup>th</sup> day of April 2002.

**MAGNOLIA TERRACE HOUSING  
ASSOCIATES, LLC, a Florida limited liability  
company**

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

By: *[Signature]*  
Name: **Becky J. Edwards**  
Title: **President**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FAX AUDIT NUMBER: H02000076252 4

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**FAX AUDIT NUMBER: H02000076252 4**

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting the sole general partner of Magnolia Terrace 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.

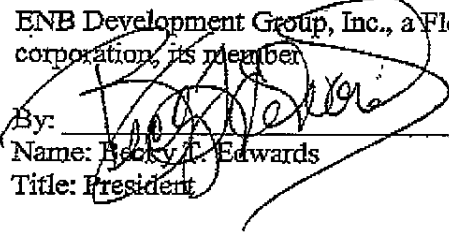
Signed this 9th day of April 2002.

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.

MAGNOLIA TERRACE HOUSING  
ASSOCIATES, LLC, a Florida limited liability  
company

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

By:   
Name: Becky T. Edwards  
Title: President

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