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Fax Number : (850) 205-0383

From:

Account Name : CARLTON FIELDS

Account Number : 076077000355

Phone : (813) 223-7000

Fax Number : (813) 223-4133

FLORIDA LIMITED PARTNERSHIP

SKYLINE ON BRICKELL, LTD.

Certificate of Status	1
Certified Copy	1

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
SKYLINE ON BRICKELL, LTD.,
a Florida limited partnership**

The undersigned General Partner of **SKYLINE ON BRICKELL, LTD.**, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is **SKYLINE ON BRICKELL, LTD.**
2. The address of the office of the Partnership is c/o 505 N. Lake Shore Drive, Suite 216, Chicago, Illinois, 60611.
3. The name and address of the agent for service of process on the Partnership is **CFRA, LLC, One Harbour Place, 5th Floor, 777 S. Harbour Blvd., Tampa, Florida, 33602-5730.**
4. The name and business address of the General Partner is:

**SKYLINE ON BRICKELL MANAGER, LLC
505 North Lakeshore Drive
Suite 216
Chicago, IL 60611**
5. The mailing address of the Partnership is 505 North Lakeshore Drive, Suite 216, Chicago, Illinois, 60611.
6. The term of the Partnership shall be perpetual.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of **SKYLINE ON BRICKELL, LTD.** this 4th day of November, 2002.

GENERAL PARTNER:

SKYLINE ON BRICKELL MANAGER, LLC

By: 
Evangeline Gouletas, Manager

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS:
 COUNTY OF MIAMI DADE)

The undersigned authority personally appeared Evangeline Gouletas, Manager of SKYLINE EQUITIES REALTY, LLC, the General Partner of SKYLINE ON BRICKELL MANAGER, LLC, the General Partner of SKYLINE ON BRICKELL, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who upon being duly sworn, certifies as follows:

1. The amount of the initial capital contributions to the Limited Partnership made by the General Partner is: \$100.00.
2. The total amount contributed and anticipated to be contributed by the Limited Partner at this time totals \$10.00.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:**SKYLINE ON BRICKELL MANAGER, LLC**By: Evangeline Gouletas

Evangeline Gouletas, Manager

SWORN TO AND SUBSCRIBED before me this 6th day of November, 2002, by Evangeline Gouletas, as Manager of SKYLINE ON BRICKELL MANAGER, LLC, the General Partner of SKYLINE ON BRICKELL, LTD., a Florida limited partnership, who is personally known to me or who has produced Drivers License as identification.

NOTARY PUBLIC:Sign: Nancy S. SimonsPrint: Nancy Simons

State of Florida

My Commission Expires:



Nancy S. Simons
 MY COMMISSION # CC#4557 EXPIRES
 September 28, 2004
 BONDED THROUGH TROY FARM INSURANCE, INC.

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **SKYLINE ON BRICKELL, LTD.**, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Limited Partnership, hereby agrees to accept service of process for the Limited Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

November __, 2002

CFRA, LLC:



Andrew J. Markus

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA