Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.

Account Number : 076150002103 Phone : (305)358-5900 Fax Number : (305)358-9490 INISION OF CONFUNDATION

FLORIDA LIMITED PARTNERSHIP

Lakeside Delaney Ltd.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$87.50

Fax Audit No: H03000132349 9

THIS INSTRUMENT PREPARED BY: Gerald J. Biondo, Esq. FL Bar #: 154713 Murai Wald Biondo & Moreno P.A. 25 Southeast Second Avenue, Suite 900 Miami, Florida 33131 (305) 358-5900

CERTIFICATE OF LIMITED PARTNERSHIP OF

LAKESIDE DELAMEY LTD.

The undersigned, desiring to form a limited partnership, pursuant to the laws of the state of Florida, certify as follows:

- The name of the Partnership is LAKESIDE DELANEY LTD.
- The purpose of the Partnership is to acquire and manage real and personal property.
- The principal place of business and mailing address of the Partnership is 2221 Lee Road, Suite 28, Winter Park, Florida 32789.
- The name and principal place of business of the General Partier is as follows:

General Partner:

Lakeside Delaney Inc. c/o Salvador F. Leccese 2221 Lee Road Suite 28 Winter Park, Florida 32789

The term for which the Partnership is to exist is from the date of the Certificate of Limited Partnership is issued by the Secretary of State, through December 31, 2050, unless sooner terminated.

- The amount of property initially contributed by the Limited Partnership is \$1,000.00.
- The Limited Partner is not required to contribute any additional capital to the Partnership.
- 8. The name and address of the Registered Agent for service of Salvador F. Leccese process is: 2221 Lee Road Suite 28 Winter Park, Florida 32789

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IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified. sworn to and agreed to the foregoing this 16th day of April, 2003.

GENERAL PARTNER:

Lakeside Delaney Ltd , a Florida limited partnership

By: Lakeside Delaney, Inc., a Florida corporation

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 16th day of April, 2003 by Salvador F. Leccese, as President of Lakeside Delaney, Inc., the general partner of Lakeside Delaney Ltd. on behalf of the partnership. He is personally known to me of has produced identification.

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Print name:

Commission No.:

Fax Audit No: H03000132349 9

My Commission expires:

P. 04

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CERTIFICATE OF REGISTERED AGENT OF LAKESIDE DELANEY LTD

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted, in compliance with said Act:

That LAKESIDE DELANEY LTD. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at the City of Winter Park, County of Orange, State of Florida, has named Salvador F. Leccese, 2221 Lee Road, Suite28, Winter Park, Florida 32789, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Raving been named to accept service of process for the above stated corporation, at place designated in this Certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 16th day of April, 2003.

Salvador F. Leccese

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AFFIDAVIT

BEFORE MB, the undersigned authority, personally appeared Salvador F. Leccese, who being duly sworn deposes and states as follows:

- 1. That he is the President of Lakeside Delaney, Inc., the sole general partner in the partnership known as Lakeside Delaney Ltd.
- 2. That the amount of capital contributions contributed by the limited partner is \$1,000.00, which amount is the total amount anticipated to be contributed by the limited partners.
 - 3. Further Affiant sayeth naught.

Salvador F. Leccese

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 16th day of April, 2003 by Salvador F. Leccese, who is personally known to me or who has produced ______ as identification.

Print name:

Commission No.:

My Commission expires:

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