

A03000001594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

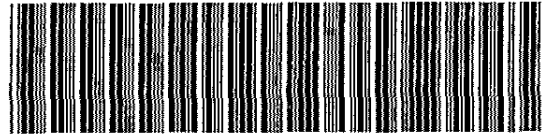
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04/04/05--01059--024 **1802.50

04/04/05--01059--025 **35.00

RECEIVED
15 APR -4 PM 2:52
LATE
FEES
TALLAHASSEE, FLORIDA

FILED
05 APR -4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 APR -4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 4/4/05

REF. #: 0151.36527

CORP. NAME: TUSCAN PLACE II LIMITED PARTNERSHIP

- | | | |
|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: SUPPLEMENTAL AFFIDAVIT | | |

#512050 \$35.00

STATE FEES PREPAID WITH CHECK# 7015 FOR \$ 1802.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**SUPPLEMENTAL AFFIDAVIT
OF CAPITAL CONTRIBUTIONS OF
TUSCAN PLACE II LIMITED PARTNERSHIP**

FILED
05 APR -4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 620.112 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the General Partners of TUSCAN PLACE II LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), who upon being duly sworn, deposes and says:

1. The aggregate capital contributions made or to be made by the Limited Partner of the Partnership to the Partnership is \$18,743,008.00.

2. It is not anticipated that the Limited Partner will make any additional contributions to the capital of the Partnership other than as set forth in Number 1, above.

DATED: March 24, 2005

GHG TUSCAN PLACE II LLC, a Florida limited liability company

By: The Gatehouse Group, Inc., a Massachusetts corporation, its sole Manager

By: 

Marc S. Plonskier, President

BAME TUSCAN PLACE II LLC, a Florida limited liability company


By: BAME Development Corporation of South Florida, Inc., its sole Member

By: 

William Mauzy, President

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


The foregoing instrument was acknowledged before me this 24 day of March, 2005, by Marc S. Plonskier, the President of The Gatehouse Group, Inc., a Massachusetts corporation, the sole Manager of GHG Tuscan Place II LLC, a Florida limited liability company, on behalf of the corporation and as an act of the limited liability company. He is personally known to me or has produced a driver's license as identification and did take an oath.

 Terry M. Lovell
My Commission DD198579
Expires March 31, 2007

_____ *h*
Print or Stamp Name: _____
Commission No.: _____
My Commission Expires: _____

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 24 day of March, 2005, by William Mauzy, as President of BAME Development Corporation of South Florida, Inc., a Florida not-for profit corporation, the sole member of BAME Tuscan Place II, LLC, a Florida limited liability company, on behalf of the corporation and as an act of the limited liability company. He is personally known to me or has produced a driver's license as identification and did take an oath.

 Terry M. Lovell
My Commission DD198579
Expires March 31, 2007

_____ *h*
Print or Stamp Name: _____
Notary Public, State of Florida at Large
Commission No.: _____
My Commission Expires: _____