

Division of Corporations Public Access System

# Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000332377 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: UCC FILING & SEARCH SERVICES, INC. Account Name

Account Number : I19980000054

: (850)681-6528

Fax Number

: (850)681-6011

FLORIDA LIMITED PARTNERSHIP

C/Max Capital Limited Partnership - VII

| Certificate of Status | 0          |
|-----------------------|------------|
| Certified Copy        | 1          |
| Page Count            | 04         |
| Estimated Charge      | \$1,837.50 |

DIVISION OF CORPORATION

Blackropic Filing Menu.

Public Access Help

12/9/03

https://efile.sunbiz.org/scripts/efilcovr.exe

P. 03

Dec 9 2003 13:27

Fax:8506816011

NCC SEBAICES

## CERTIFICATE OF LIMITED PARTNERSHIP OF C/MAX CAPITAL LIMITED PARTNERSHIP - VII

THE UNDERSIGNED, constituting the sole general partner of C/MAX CAPITAL LIMITED PARTNERSHIP - VII (the "Partnership"), does hereby submit the following information in accordance with the Florida Revised Limited Partnership Act (1986) to make public the information of the Partnership:

1. Name: The name of the Partnership shall be:

C/MAX CAPITAL LIMITED PARTNERSHIP - VII

Registered Agent: The Registered Agent and Registered Office of the Partnership in the State of Florida is:

Name:

Kevin Watson

Address:

515 East Les Oles Boulevard, Suite 1020

Fort Lauderdale, Florida 33301

The Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of C/MAX CAPITAL LIMITED PARTNERSHIP - VII at the place designated in this Certificate of Limited Partnership of C/MAX CAPITAL LIMITED PARTNERSHIP - VII, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620,192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office oper.

Kivin Watson, Registered Agent

General Partner: The name and address of the general partner of the Permership is: 1203000051162

C/MAX CAPITAL GP - VII, LLC 515 Bust Les Oles Boulevard, Suite 1020 Fort Lauderdale, Florida 33301

- Partnership Address: The office and mailing address for the Partnership shall be: 515 Bast Les Olas Boulevard, Suite 1020, Fort Lauderdaie, Florida 33301
- Dissolution: The latest date upon which the Partnership will dissolve is December 31, 2053.

Dec 9 2003 13:27

1109189058:xe1

ACC SERVICES

P. 04

IN WITNESS WHEREOF, the undersigned does hereby execute this Certificate of Limited Partnership and attach an Affidavit declaring the amount of the capital contribution of the limited partners and the anticipated amount to be contributed by the limited partners.

C/MAX CAPITAL GP - VII, LLC, a Florida limited liability company, as general partner

Kevin Watson, Managing Member

03 DEC -9 PM 3: 05 SECRETARY OF STATE

Dec 9 2003 13:28 P.05

Fax:8506816011

NCC SEBNICES

FILED

#### **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

TO THE WORLD STATE OF THE PARTY OF THE PARTY

BEFORE ME, the undersigned, general pariner of C/MAX CAPITAL LIMITED PARTNERSHIP - VII, a Florida limited partnership, hereinafter referred to as the "Partnership", who upon being sworn, certify as follows:

- 1. The amount of capital contributions of the limited partners contributed to date is \$ zero.
- 2. The total amount contributed to date and anticipated to be contributed to the capital of the limited partners is \$2,000,000.

Dated this 9 day of Date 1/22003.

#### FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and the facts stated herein are true, to the best of my knowledge and belief.

C/MAX CAPITAL GP - VII, LLC, a Florida limited liability company, as general partner

Kevin Watson, Managing Member

SCALSTTANG24016401VISN\_DILDOCUMBOS

SECRETARY OF STATE

Dec 9 2003 13:28 P.06

Fax:8506816011

NCC SEBNICES

### WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

C-MAX CAPITAL CORPORATION, a corporation organized and existing under the laws of the State of Florida (the "Corporation"), does hereby grant permission and approve the filing of the Certificate of Limited Partnership for the following limited partnership: C/MAX CAPITAL LTM PARTNERSHIP - VII, a Florida limited partnership.

The undersigned have executed this Written Consent Granting Approval for Us on behalf of the Corporation this \_9\_day of December 2003.

C-MAX CAPITAL CORPORATION

Name: Kayon M. WATE

Title: 1/2 Decident

O3 DEC -9 PH 3: 05

Dec 9 2003 13:28 P.07

Fax:8506816011

ACC SEBAIGES