

A04000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

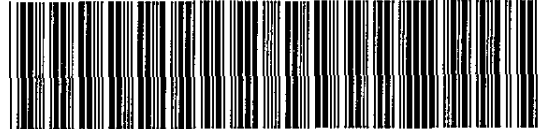
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/04--01035--004 **1837.50

Handwritten signature

FILED
04 FEB 13 PM 1:33
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

CONTACT: TRICIA TADLOCK

DATE: 02-13-04

REF. #: 0174.23523

CORP. NAME: CITY HALL ASSOCIATES, LTD.

***FILE FIRST**

2/13

FILED
04 FEB 13 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

W04000006452

STATE FEES PREPAID WITH CHECK# 507500 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

RECEIVED
04 FEB 13 PM 2:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 16, 2004

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: CITY HALL ASSOCIATES, LTD.
Ref. Number: W04000006452

FILED
04 FEB 13 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We have received your document for CITY HALL ASSOCIATES, LTD. and check(s) totaling \$1837.50. However, your check(s) and document are being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 404A00010321

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

RECEIVED
04 FEB 17 AM 10:13
DIVISION OF CORPORATION

FILED
04 FEB 13 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OLD CITY HALL ASSOCIATES, LTD.
a Florida limited partnership

The undersigned general partner desires to accurately reflect the original intention of the parties and correct a scrivener's error by forming a limited partnership rather than a general partnership. The undersigned general partner desiring to form a limited partnership ("Partnership") pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

OLD CITY HALL ASSOCIATES, LTD.

2. The mailing address of the Partnership is:

240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

3. The principal office address of the Partnership is:

240 S. Pineapple Avenue
10th Floor
Sarasota, FL 34236

4. The name and address of the registered agent of the Partnership is:

David S. Band
240 S. Pineapple Avenue, 10th Floor
Sarasota, FL 34236

5. The name and address of the general partner of the Partnership is:

David S. Band
240 S. Pineapple Avenue, 10th Floor
Sarasota, FL 34236

6. The Partnership shall have a perpetual existence, except as otherwise provided by law or in accordance with the Limited Partnership Agreement.

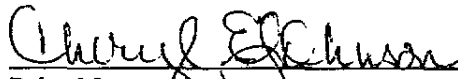
7. The effective date of this Partnership shall be the effective date of the filing of this Certificate of Limited Partnership with the Department of State.

The execution of this Certificate of Limited Partnership 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 David S. Band, general partner of OLD CITY HALL ASSOCIATES, LTD., A FLORIDA LIMITED partnership, this 12th day of February, 2004.

WITNESSES:

OLD CITY HALL ASSOCIATES, LTD.
Florida limited partnership


Print Name: CHERYLE E. JOHNSON


Print Name: ALLEN G. TROCHE

By: 
David S. Band

“GENERAL PARTNER”

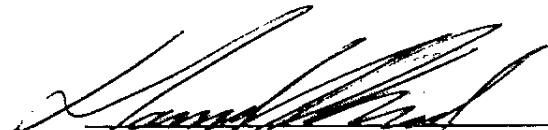
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

OLD CITY HALL ASSOCIATES, LTD.
a Florida limited partnership

Having been named to accept service of process for OLD CITY HALL ASSOCIATES, LTD.
a Florida limited partnership, at the place designated in the foregoing Certificate of Limited
Partnership, I hereby agree to act in this capacity, and I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I
accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: _____

2/12/04



David S. Band

“REGISTERED AGENT”

STATE OF FLORIDA
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

OLD CITY HALL ASSOCIATES, LTD.
a Florida limited partnership

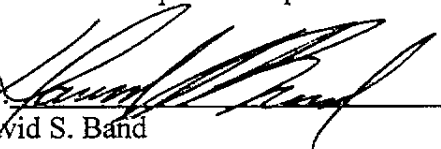
BEFORE ME, the undersigned Notary Public, personally appeared David S. Band, general partner of OLD CITY HALL ASSOCIATES, LTD a Florida limited partnership, ("Partnership,") who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is: \$ 2,225,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is: \$0.

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

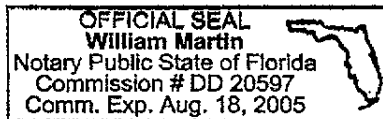
WITNESSES:

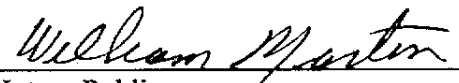
OLD CITY HALL ASSOCIATES, LTD., a
Florida limited partnership

By: 
David S. Band

"GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 12th day of February, 2004, by David S. Band, general partner of OLD CITY HALL ASSOCIATES, LTD., a Florida limited partnership, who is personally known to me and who did not take an oath.




Notary Public WILLIAM MARTIN
Print Name _____
My Commission Expires _____