

AUG-31-2004 TUE 12:54 PM Murai Wald Biondo
Division of Corporations

FAX NO. 305 358 9490

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FLORIDA LIMITED PARTNERSHIP

Sheridan Shoppes C Limited Partnership

Certificate of Status	0
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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

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2004 AUG 31 AM 10:49
TALLAHASSEE, FLORIDA
JULY 27, 2004
JULY 27, 2004
JULY 27, 2004

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SHERIDAN SHOPPES C LIMITED PARTNERSHIP.

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

1. The name of the Partnership is SHERIDAN SHOPPES C LIMITED PARTNERSHIP.
2. The purpose of the Partnership is to acquire and manage real and personal property.
3. The principal place of business and mailing address of the Partnership is 1550 Madruga Avenue, Suite 230, Coral Gables, FL 33146.
4. The name and principal place of business of the General Partner is as follows:

General Partner: Sheridan C, Inc. #P04000124753
c/o Lawrence E. Suchman
1550 Madruga Avenue, Suite 230
Coral Gables, FL 33146

5. 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.
6. The amount of property initially contributed by the Limited Partnership is \$1,000.00.
7. The Limited Partner is not required to contribute any additional capital to the Partnership.

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8. The name and address of the Registered Agent for service of process is:

Murai Wald Biondo Moreno & Brochin, P.A.
25 S.E. 2nd Avenue, Suite 900
Miami, FL 33131

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this ___ day of August 2004.

GENERAL PARTNER:

SHERIDAN C, INC.

BY:

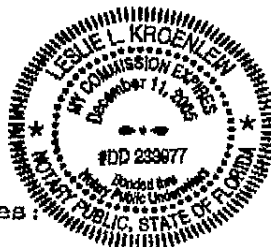
Lawrence E. Suchman, President

STATE OF FLORIDA)

) SS:

COUNTY OF MIAMI DADE)

The foregoing instrument was acknowledged before me this 25th day of August 2004 by Lawrence E. Suchman, as President of Sheridan C, Inc. He is personally known to me or has produced as identification.



My Commission expires:

Leslie L. Kroenle
NOTARY PUBLIC, State of Florida
Print name: _____
Commission No.: _____

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**CERTIFICATE OF REGISTERED AGENT
OF
SHERIDAN SHOPPES C LIMITED PARTNERSHIP**

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

That SHERIDAN SHOPPES C LIMITED PARTNERSHIP 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
Coral Gables, County of Miami Dade, State of Florida, has named Murai
Wald Biondo Moreno & Brochin, P.A., 25 S.E. 2nd Avenue, Suite 900,
Miami, FL 33131, as its agent to accept service of process within this
State.

ACKNOWLEDGEMENT

Having 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 31st day of August 2004.

MURAI WALD BIONDO MORENO & BROCHIN,
P.A.

By: Gerald J. Biondo
Gerald J. Biondo, Vice President

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AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Lawrence E. Suchman, who being duly sworn deposes and states as follows:

1. That he is the President of SHERIDAN C, INC., the sole general partner in the partnership known as SHERIDAN SHOPPES C LIMITED PARTNERSHIP.

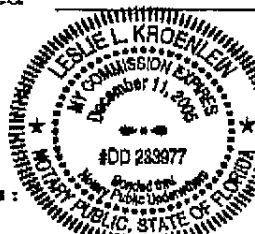
2. That the amount of capital contributions contributed by the limited partner is \$1,000.00, which amount is the total amount anticipated to be contributed by the limited partners.

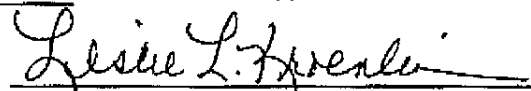
3. Further Affiant sayeth naught.


Lawrence E. Suchman

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

The foregoing instrument was acknowledged before me this 25th day of August 2004 by Lawrence E. Suchman, who is personally known to me or who has produced _____ as identification.




NOTARY PUBLIC, State of Florida
Print name: _____
Commission No.: _____

My Commission expires:

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