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Division of Corporations

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FLORIDA LIMITED PARTNERSHIP

Grandeville At Greenwich Limited Partnership

Certificate of Status	0
Certified Copy	0
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Fax Audit No: H050002347183

THIS INSTRUMENT PREPARED BY:
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CERTIFICATE OF LIMITED PARTNERSHIP OF GRANDEVILLE AT GREENWICH 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 GRANDEVILLE AT GREENWICH 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 650 S. Northlake Boulevard, Suite 450, Altamonte Springs, FL 32701.
- 4. The name and principal place of business of the General Partner is as follows:

General Partner:

GV AT GREENWICH LIMITED PARTNERSHIP c/o Salvador F. Leccese 650 S. Northlake Boulevard Suite 450 Altamonte Springs, Florida 32701

- 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.

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- 7. 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 process is: Lecesse Develoment, Inc., 650 S. Northlake Boulevard, Suite 450, Altamonte Springs, Florida 32701

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 27 day of 2005.

GENERAL PARTNER:

GV AT GREENWICH LIMITED PARTNERSHIP, a Florida limited partnership

By: GV AT GREENWICH, INC., a Florida corporation

Frank Grosch,
Vice President

STATE OF FLORIDA

COUNTY OF GRANCE Seminale

The foregoing instrument was acknowledged before me this day of September 27, 2005 by Frank Grosch, as Vice President of GV AT GREENWICH, INC., the general partner of GV at GREENWICH LIMITED PARTNERSHIP on behalf of the partnership. He is personally known to me or has produced ______ as identification.

NOTARY PUBLIC STATE OF FLORIDA Print Name Jaqueline W. Lung

Commission No.:



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P. 04

FAX NO. 305 358 9490

OCT-04-2005 TUE 10:50 AM Murai Wald Biondo

Fax Audit No: 1050002347183

CERTIFICATE OF REGISTERED AGENT (6) -4 A 3 30 OF GRANDEVILLE AT GREENWICH LIMITED PARTNERSHIP

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

That GRANDEVILLE AT GREENWICH 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 Winter Park, County of Orange, State of Florida, has named Lecesse Development, Inc., 650 S. Northlake Boulevard, Suite 450, Altamonte Springs, FL 32701, 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 27th day of September, 2005.

Lecesse Development, Inc.

Frank Grosch, Vice President

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BEFORE ME, the undersigned authority, personally appeared Frank Grosch, who being duly sworn deposes and states as follows:

- 1. That he is the Vice President of GV at Greenwich, Inc., the sole general partner of GV at Greenwich Limited Partnership, the sole General Partner in the partnership known as Grandeville At Greenwich 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.

Frank Grosch

STATE OF FLORIDA

COUNTY OF ORANGE Som no

The foregoing instrument was acknowledged before me this 27² day of _______, 2005 by Frank Grosch, who is personally known to me or who has produced _______ as identification.

NOTARI PUBLIC, STATE OF FLORIDA Print name: <u>Jusqueline D. Luda</u> Commission No.:

