

DEC-20-2005 TUE 04:30 PM Murai, Wald, Biondo

FAX NO. 305-288-6499

P. 01

Division of Corporations

Page 1 of 1

AD5000002247

Florida Department of State
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.

(((H05000289288 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:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305)444-0101
Fax Number : (305)444-0174

RECEIVED

05 DEC 20 PM 3:48

DIVISION OF CORPORATION

FLORIDA LIMITED PARTNERSHIP

Lecesse Saxon Limited Partnership

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 20 AM 7:58

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

Fax Audit No: HD5000289288 3

THIS INSTRUMENT PREPARED BY:
Gerald J. Biondo, Esq.
FL Bar #: 154713
Murai Wald Biondo Moreno & Brochin, PA
Two Alhambra Plaza
Penthouse 1B
Coral Gables, Florida 33134
(305) 444-0101

CERTIFICATE OF LIMITED PARTNERSHIP OF
LECESSE SAXON LIMITED PARTNERSHIP,
A FLORIDA 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 LECESSE SAXON LIMITED PARTNERSHIP.
2. The purpose of the Partnership is to acquire and manage real personal property.
3. The principal place of business and mailing address of the Partnership is 650 S. Northlake Blvd., Suite 450, Altamonte Springs, FL 32701.
4. The name and principal place of business of the General Partner is as follows:

General Partner: LeCesse Saxon, Inc.
c/o Frank K. Grosch 650 S.
Northlake Blvd., Suite 450
Altamonte Springs, FL 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.

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:

Frank K. Grosch
650 S. Northlake Blvd.
Suite 450
Altamonte Springs, FL 32701

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 19th day of December, 2005.

Fax Audit No: HD5000289288 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 20 AM 7:58

FILED

-PO 5000 1547E

fax Audit No: H05000289288 3

GENERAL PARTNER:

LECESSE SAXON LIMITED PARTNERSHIP,
a Florida limited partnership

By: GV on Saxon, Inc.,
a Florida corporation

By: Frank K. Grosch
Frank K. Grosch

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 19th day of December 2005 by Frank K. Grosch, as Vice President of Saxon, Inc., the general partner of LECESSE SAXON LIMITED PARTNERSHIP on behalf of the partnership. He is personally known to me or has produced as identification.

Christine M. Grasta

NOTARY PUBLIC, STATE OF FLORIDA

Print Name: Christine M. Grasta

Commission No.:

My Commission expires:

DD0486766



G:\DATA\LeCesse\GrandeVille Delaney\certificate of limited partnership of Lecesse Saxon lp (06-29-05).rtf

Fax Audit No: H05000289288 3

05 DEC 20 AM 7:58
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No: H05000289288 3

CERTIFICATE OF REGISTERED AGENT
OF
LECESSE SAXON LIMITED PARTNERSHIP

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

That LECESSE SAXON 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 Orange, State of Florida, has named Frank K. Grosch, 550 S. Northlake Blvd Suite 450, Altamonte Springs, FL 32701, as its agent to accept service 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 19th day of December 2005.


Frank K. Grosch

G:\DATA\LeCesse\GrandeVille Delaney\certificate of limited partnership of Lecesse Woodbury llp (06-29-05).rtf

Fax Audit No: H05000289288 3

FILED
05 DEC 20 AM 7:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fax Audit No: H05000289288 3

AFFIDAVIT

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

1. That he is the Vice President of G-Von Saxon, Inc., the sole general partner in the partnership known as LECESSE SAXON 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 K. Grosch
Frank K. Grosch

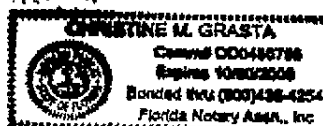
STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 19th day of December, 2005 by Frank K. Grosch, who is personally known to me or who has produced _____ as identification

Christine M. Grasta
NOTARY PUBLIC, STATE OF FLORIDA
Print name: Christine M. Grasta
Commission No.: 000486764

My Commission expires:



G:\DATA\LeCesse\Development of City Walk\Refinance\certificate of limited partnership of Lecesse Woodbury 111p (06-29-05).rtf

Fax Audit No: H05000289288 3

FILED
05 DEC 20 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA