

Certificate of Limited Partnership

A09000000600
FILED
August 19, 2009
Sec. Of State
gharvey

Name of Limited Partnership:

WINTER HAVEN RESIDENCES LIMITED PARTNERSHIP

Street Address of Limited Partnership:

4110 SOUTHPOINT BLVD.
SUITE 206
JACKSONVILLE, FL. US 32216

Mailing Address of Limited Partnership:

4110 SOUTHPOINT BLVD.
SUITE 206
JACKSONVILLE, FL. US 32216

The name and Florida street address of the registered agent is:

WILLIAM LI
245 RIVERSIDE AVENUE
SUITE 400
JACKSONVILLE, FL. 32202

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: WILLIAM LI

The name and address of all general partners are:

Title: G
WINTER HAVEN RESIDENCES GP, LLC
4110 SOUTHPOINT BLVD., SUITE 206
JACKSONVILLE, FL. 32216 US

The effective date for this Limited Partnership shall be:

08/19/2009

Signed this Nineteenth day of August, 2009

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: WILLIAM LI