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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

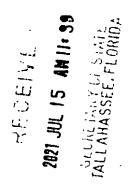
Account Name : M. BURR KEIM COMPANY

Account Number : 119990000242 : (215)563-8113 Phone Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA/FOREIGN LP/LLLP WP BOYNTON VILLAS, LP

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Page: 3 of 4

From: M. BURR KEIM CO

WP BOYNTON VILLAS, LP

To:

(((H210002583093)))

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffices: Limited Partnership, Limited, L.P., LP, or Lid. Acceptable Limited Limited Partnership suffixes: Limited Liability Limited Partnership, L. L. P. or L.L.P. 2. c/o Fowler White, 1395 Brickell Avenue, 14th Floor, Miami, FL 33131 (Street address of initial designated office) FOWLER WHITE BURNETT, P.A. - Attn. Richard A. Wood (Name of Registered Agent for Service of Process) 4. 1395 Brickell Avenue, 14th Floor, Miami, FL 33131 (Florida street address for Registered Agent) 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered uses Signature of Registered Agent 6. Fowler White, 1395 Brickell Avenue, 14th Floor, Miami, FL 33131 (Mailing address of initial designated office) 7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

(((H210002583093)))

To:

8. Name and business address of ea Name:	ch general partner: Business Address:	
526 SE 20TH AVENUE, LLC	c/o Fowler White	
The state of the s	1395 Brickell Avenue, 14th Floor	• •
	Miami, FL 33131	
	Attn: Richard Wood	
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(Effective date cannot be prior to no the Florida Department of State.)	ate of filing: or more than 90 days after the date the doc	ument is filed by
	ck does not meet the applicable statutory for nument's effective date on the Department	
this date will not be haded up the doc	varietie a cricott to date on the Deparametri	or Calle 5 1000500.
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Signed this 2nd	_day of	<u> </u>
herein are true. I/We am/are aware t	We submit this document and affirm that that any false information submitted in a doing degree felony as provided for in \$.817.	ocument to the
528 SE 20TH AVENUE, LLC, General	Pertner	
- Dudo W		
Michael Moderne Manager		
Michael Woodward, Manager		
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000,00 (\$965 Filing Fee and \$35 Registered \$52.50 \$8.75 Page 2 of 2	1 Agent Feo)