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<u>*************************************</u>								
Air Honton NS ATEMEN OF UTTER PARENER HIP					SECRETARY OF STATE DIVISION OF CORPORATIONS 97 AUG 21 PM 1: 32			
Name of Limited Par Davis Roa	rtnership 1 (22 7 C	84					11 11 32	
	• • •				DO NOT W	RITE IN THIS SP	PACE.	
Mailing Address 12829 SW 103 Place		3. Principal Office Address same as mailing address			4. Date Formed or Registered To Do Business in Florida			
Suite, Api. #, etc.		Suite, Apl. #, etc.			5, FEI Number Applied For 65–0039103			
Sity & State					Not Applicab			
Country		Florida 33176 Zip Country 33176 Dade			CERTIFICATE OF STATUS DESIRED X for a Certificate of Status			
33176 . Capital Contribution	Dade	33176	Da	ae	7. State or Country of Formation	n -		
SAS2,452,452 Amount of Capital FLORIDA to date		\$437.5 2.) Supple 3.) Penalty	i0, for <u>each yea</u> mental Fee(s): y Fee(s): \$500 (entered in 86 is	<u>r due</u> this office. \$103.75 for <u>each year g</u> penalty fee for <u>each yea</u>	,000 on amount entered in 8b, with a min Jug this office, beginning with 1992 calen I teport form is delinquent Intered in 8a, a supplemental affidavit mu	dar year.		
9	Registered Agent				ed agent/office			
Steven Er		Sire		Name Street Address (P.O.	Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
	103 Place lorida 33176							
				City	······		Zip Code	
Decretant to the r	arovirions of socioos 620, 1051 ap	+ 20 192 Elorida Statuton th	a shown named	limited parlparchin or	ganized or registered under the laws of	FL	ida, submite this stalomo	
for the purpose of agent. I am famil	of changing its registered office or liar with, and accept the obligation	registered agent, or both, in th	ne State of Flori		authorized by its general partner(s). The	reby accept the		
	Agent Accepting Appointment)				TNERSHIP OR OTHE	R BUSI	NESS ENTITY	
Names of Ge	MUS noral Partner(s)	Address of Ea	ch General Pa	rtner	ITH THIS OFFICE, Crty, Stale and Zip Code	11a.	Registration	
		(Do NOT Use Per	si Office Box N	umbers)			Document Number	
FHC-Davi	s Road, Inc.,	12829 SW 1	103 Pla	ce Mia	mi, Florida 33176	57	5656	
					500002 -08/2 ****11	2/87-4	5355 1051001 ***1050.00	
		REINSTATEMENT						
					IMS9	re 8.	.21	
	· · · · · · · · · · · · · · · · · · ·				ent must be filed to ch			
Corporations from this annual report is	any liability of non-compliance with	section 119.07(3)(k) in the ev gnature shall have the same le	vent that the inf	ormation supplied is de	on stated in Section 119.07(3)(k), Florid, emed exempt from public access. I furt ther certify that I am a General Partner i	her certify lihat I	the information indicated (
GNATURE	Atu cl	Lugel			DATE	8/ 18/	87	
and or Printed Name of	General Partner Signing Form	Steve Engel	1 as P	resident of	E Telephone Number	305) 22	9-6407	

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