

A 9500000023

OFFICE USE ONLY (Document #)

Sumtal Research
(Requestor's Name)
PO Box 11271
(Address)
Tallahassee FL 32302
(City, State, Zip) (Phone #)

5000001 3849015
+01/20/95--0102'S +013
****122.50 ****52.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- Ocean Gardens Associates Ltd
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☒ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

Profit
NonProfit
Limited Liability
Domestication
Other

OTHER FILINGS

Annual Report
Fictitious Name
Name Reservation

AMENDMENTS

☒ Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

REGISTRATION/
QUALIFICATION

Foreign
Limited Partnership
Reinstatement
Trademark
Other

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-9171
904-222-0191 FAX

000-342-0006

CSC networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 518656 4656A

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia Pajets

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -5 AM 11:33

ORDER DATE : January 5, 1995

ORDER TIME : 9:36 AM

ORDER NO. : 518656

CUSTOMER NO: 4656A

7000001070887

CUSTOMER: Esther J. Forbes, Legal Asst
GREENBERG TRAURIG HOFFMAN
LIPOFF ROSEN & QUENTEL, P. A.
P. O. Box 12890

Miami, FL 33101-2890

DOMESTIC FILING

NAME: OCEAN GARDENS ASSOCIATES, LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

1/5/95
DK

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
OCEAN GARDENS ASSOCIATES, LTD.**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1993), and §620.108 of the Florida Statutes, the undersigned, being the sole General Partner of OCEAN GARDENS ASSOCIATES, LTD., hereby duly execute and file with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is OCEAN GARDENS ASSOCIATES, LTD.
2. The business address and the mailing address of the limited partnership is 2601 South Bayshore Drive, 9th Floor, Miami, Florida 33133.
3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:


MARCIA LANGLEY

4. The Florida street address for the registered agent is:

**2601 South Bayshore Drive, 9th Floor
Miami, FL 33133**

5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of OCEAN GARDENS ASSOCIATES, LTD., at the place designated in this Certificate of Limited Partnership of OCEAN GARDENS ASSOCIATES, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.



MARCIA LANGLEY
Registered Agent

Dated: January 4, 1995.

6. The name and business address of the general partner is as follows:

894-007-14143

**OCEAN GARDENS, INC.
2601 South Bayshore Drive, 9th Floor
Miami, FL 33133**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -5 AM 11:33

7. The latest date upon which the limited partnership is to dissolve is December, 2015.

IN WITNESS WHEREOF, the Sole General Partner has executed the foregoing Certificate of Limited Partnership on the 4 day of January, 1995 in accordance with §620.114 of the Florida Statutes.

OCEAN GARDENS, INC.,
a Florida corporation, General Partner

BY:


J. Larry Rutherford, President

AFFIDAVIT

THE UNDERSIGNED, constituting all of the general partners of OCEAN GARDENS ASSOCIATES, LTD., a Florida Limited Partnership, hereby certify as follows:

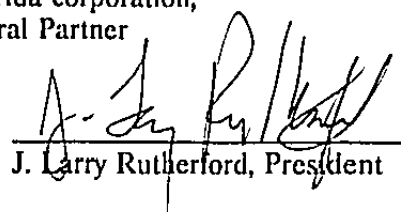
1. The amount of capital contributions to date of the limited partners is \$-0-.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

OCEAN GARDENS, INC.,
a Florida corporation,
General Partner

BY:


J. Larry Rutherford, President

A95000000023

ATLANTIC GULF
COMMERCIAL SERVICES

2001 S. Bayshore Drive
Miami, FL 33135-4681
(305) 859-4681

VIA PRIORITY MAIL

Florida Department of State
Annual Reports Section
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Ocean Grove Associates, Ltd.
#A95000000023

October 24, 1995
Jeffrey Bolte GAVE
AUTHORIZATION BY PHONE TO
CORRECT off to reflect LP contrib
DATE 11/7/95 only
DOC EXAM CLT

Dear Sir/Madam:

Enclosed please find the Limited Partnership Annual Report and the Supplemental Affidavit of Capital Contributions for Ocean Grove Associates, Ltd. ✓ Also enclosed are checks in the amounts of \$576.25 and \$1,750.00 for the fee to file the annual report and the fee to file the supplemental affidavit. ✓

Please date stamp the enclosed photocopies of the Annual Report and the Supplemental Affidavit and return them to us at the above address as evidence of the filing the foregoing documents. Call this office at (305) 859-4685 if you have any questions. ✓ Thank you for your assistance with this matter.

Sincerely,

Jeffrey E. Bolte
Jeffrey E. Bolte

200001634102
-11/13/95--01041--013
***1750.00 ***1750.00

Enclosures

Name	Availability
Document Examiner	<u>CLT</u>
Updater	<u>CLT</u>
Ver.	<u>CLT</u>
Notes	<u>CLT</u>
Ver. Date	<u>CLT</u>

S.A. med
CLT 11/7
Use Telegram
\$100 to \$1,850,000.00

FILING 1750.00
C. COPY _____
R. AGENT _____
TOTAL 1750.00
BALANCE DUE \$ _____
REFUND \$ _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

September 26, 1995

OCEAN GROVE ASSOCIATES, LTD.
2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR
MIAMI, FL 33133

SUBJECT: OCEAN GROVE ASSOCIATES, LTD.
Ref. Number: A95000000023

We have received your document for OCEAN GROVE ASSOCIATES, LTD. and your check(s) totaling \$576.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the total amount contributed by the limited partners is being amended, a supplemental affidavit reflecting the new total must be submitted.

The fee to file the supplemental affidavit is \$1,750.00 and the fee to file the annual report is \$576.25. The total fee due for both filings is \$2326.25. Please return the supplemental affidavit and the annual report together with the appropriate fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 695A00044020

✓

Supplemental Affidavit of Capital Contributions

for

Ocean Grove Associates, Ltd.

Ocean Grove, Inc., a Florida corporation ("Ocean Grove"), being the sole general partner of Ocean Grove Associates, Ltd., a Florida limited partnership (the "Partnership"), does hereby execute this supplemental affidavit filed pursuant to section 620.112 Florida Statutes:

1. The total amount of capital contributions of the limited partner is \$1,850,000.

This 24th day of October, 1995.

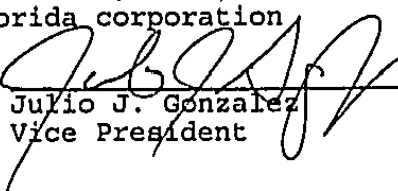
Further Affiant Sayeth Not.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner:

Ocean Grove, Inc.,
a Florida corporation

By:


Julio J. Gonzalez
Vice President

55 NOV -7 PM 4:42

FILED

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 NOV -7 PM 6:42

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000023

OCEAN GROVE ASSOCIATES, LTD.

DELETED WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State, Apt. #, etc.

City, State & Zip

2n. New Principal Office Address, if Applicable

State, Apt. #, etc.

Mailing Address

2001 SOUTH BAYSHORE DRIVE, 9TH FLOOR
MIAMI FL 33133

Principal Office Address

2001 SOUTH BAYSHORE DRIVE, 9TH FLOOR
MIAMI FL 33133

If above addresses are incorrect for any reason, please check the correct information and enter correct address in Block 2 and/or 2n.

3. Date of Renewal or Registration to this Document in
FLORIDA
01/05/1995

3n. Date of Last Report
N/A

4. State or Country of Formation
FL

City, State & Zip

5a. Capital Contributions as Shown
on Record
\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$1,850,000.00

6. FEI Number
65-0545055

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$0.75 Additional Fee required
for a Certificate of Status

8. FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5a blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2. Supplemental Fee: \$138.75 (pursuant to section 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA
2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

OCEAN GROVE, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number)

2601 SOUTH BAYSHORE D

11b. City, State & Zip Code

MIAMI FL 33133

11c. Registration/
Document Number

P94000094143

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.02(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 19.02(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to make this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

9/14/95

Typed or Printed Name of General Partner Signing Form

Julio J. Gonzalez, Vice President

Telephone Number 305-859-4000

Ocean Grove, Inc.

0001843

CR2E003 (6/95)