

A95000000087

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 FROM: POLMY & LAUDMAN
 200 LAURA ST
 JACKSONVILLE FL 32202-
 CONTACT: KAREN PETERSON
 PHONE: (904) 359-2000
 FAX: (904) 359-8700
 DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
 NAME: PARADISE VILLAGE ASSOCIATES, LTD.
 FAX AUDIT NUMBER: H95000000599
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 ((H95000000599))

A95-87

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DIVISION OF CORPORATIONS
 SECRETARY OF STATE
 JAN 17 1995

82-1117-21
 17 JAN 22

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240

THE GREENLEAF BUILDING
200 LAURA STREET 32202-3630
TELEPHONE (904) 359-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
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FACSIMILE TRANSMISSION

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Karen Peterson

FAX NO.: (804) 359-8700

DATE: January 17, 1995

TIME: 9:56am

NO. OF PAGES (including this page): 5

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
PARADISE VILLAGE ASSOCIATES, LTD.**

The undersigned, being the general partner of P.V. Village Associates, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.109, the following as its Certificate of Limited Partnership:

1. **Name.** The name of the partnership is Paradise Village Associates, Ltd.
2. **Address.** The mailing address and street address of the partnership are both as follows:

Jay A. Odom
1965 Highway 98 East
Destin, FL 32541
3. **Registered Agent.** The name and address of the agent for service of process is as follows:

Jay A. Odom
1965 Highway 98 East
Destin, FL 32541
4. **General Partners.** The name and business address of each general partner is as follows:

Jay A. Odom
1965 Highway 98 East
Destin, FL 32541
5. **Termination.** The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040.

This Certificate of Limited Partnership of Paradise Village Associates, Ltd., has been executed in accordance with Section 620.114 on the 14th day of October, 1994. By such execution, the general partner whose signature is set forth below hereby affirm, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER

Jay A. Odom

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DIVISION OF CORPORATIONS
OCT 14 1994
PM 1:00

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H94000000599

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for Paradise Village Associates, Ltd., at the place designated in the above Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

AGENT

By: 

Jay A. Ockum

Date: OCT 15, 1994

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DIVISION OF CORPORATIONS
95 JAN 17 PM 1:06

STATE OF FLORIDA)
)
COUNTY OF OKALOOSA)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared JAY A. ODOM, the sole general partner of Paradise Village Associates, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. Capital Contributions in the aggregate amount of \$30,000 have been made by limited partners as of the date hereof.
2. No additional capital contributions are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT SAYETH NOT.

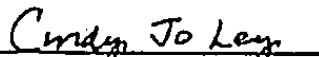
The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

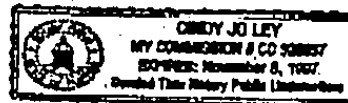
IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 15th day of OCT, 1994.


JAY A. ODOM

The foregoing instrument was acknowledged before me this 15th day of October, 1994, by Jay Odom. Such person did take an oath and is personally known to me.

{Notary Seal must be affixed}


Signature of Notary



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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
Brenda Matthan
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 12 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000087

PARADISE VILLAGE ASSOCIATES, LTD.

96-AR
CM

Mailing Address

1065 HIGHWAY 98 EAST
DESTIN FL 32541

Principal Office Address

1905 HIGHWAY 98 EAST
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

State Apt # etc.

200001715352

City State & Zip

92/15/96-01024-010
***348.75 ***348.75

2n. New Principal Office Address, if Applicable

State Apt # etc.

City State & Zip

If above addresses are incorrect in any way, list through the incorrect information and enter correct address in Block 2 and/or 2n.

3. Date Formed or Registered to Do Business in
FLORIDA 01/17/1995

3n. Date of Last Report

4. State or Country of Formation
FL

5n. Capital Contributions as Shown
on Record
\$30,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number
59-3301870

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 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee. \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75).
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.
Note: MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

10. If changed, new Registered Agent/Office

9. Name and Address of Current Registered Agent

ODOM, JAY A
1985 HIGHWAY 98 EAST
DESTIN FL 32541

Name

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

State Apt # etc.

City

Zip Code

FL

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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

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

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

ODOM, JAY A

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

1985 HIGHWAY 98 EAST

11b. City, State & Zip Code

DESTIN FL 32541

11c. Registration
Document Number

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 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(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 execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Jay Odom

DATE

12-27-95

Telephone Number

904-654-4126

0011231