A95000000087

PUBLIC ACCESS SYSTEM
(((H95000000599))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FOLEY & LARDNER
200 LAURA ST
JACKSONVILLE FL 32202-
CONTACT: KAREN PETERSON
PHONE: (904) 359-2000
FAX: (904) 359-8700

(((H95000000599))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: PARADISE VILLAGE ASSOCIATES, LTD.
FAX AUDIT NUMBER: H95000000599
CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/17/1995
TIME REQUESTED: 09:36:59
CERTIFIED COPIES: 0
CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $245.00
ACCOUNT NUMBER: 072720000061

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
(((H95000000599)))

A95-87

Name Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifyer	GSH
Acknowledgement	GSH
W P Verifyer	GSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:28

01-17-1995 10:04AM FOLEY&LARDNER/JACKSONVILLE 9043599277XX P.01

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-3530
TELEPHONE (904) 359-2000

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

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations FAX NO.: (904)922-4000

FROM: Karen Peterson FAX NO.: (904) 359-8700

DATE: January 17, 1995 TIME: 9:56am

NO. OF PAGES (including this page): 5

MESSAGE:

OPERATOR:
FILE NO.: 64123/103

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:05

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

qb\fax

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:05

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. Odom

Date: Oct 15, 1994

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:06

Fax Audit No. H94000000599

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 15 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}

Cindy Jo Ley
Signature of Notary

CINDY JO LEY
MY COMMISSION # CC 308857
EXPIRES: November 8, 1997
Bonded Thru Notary Public Underwriters

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:06

c:\w\docs\jaco\paradise\affcapcn.doc

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 FEB 12 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # A95000000087

1. Name of Limited Partnership
PARADISE VILLAGE ASSOCIATES, LTD.

96-AR
CM

DO NOT WRITE IN THIS SPACE

Mailing Address
1965 HIGHWAY 98 EAST
DESTIN FL 32541

Principal Office Address
1965 HIGHWAY 98 EAST
DESTIN FL 32541

2. New Mailing Address, if Applicable
Suite Apt # etc.
City State & Zip

2a. New Principal Office Address, if Applicable
Suite Apt # etc.
City State & Zip

200001715352
-02715/96--01024--010
****348.75 ****348.75

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

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

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $30,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 59-3301870

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$8.75 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 $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

(30,000 / 1000 * 7) = 210.00 + 138.75 = 348.75

9. Name and Address of Current Registered Agent
ODOM, JAY A
1965 HIGHWAY 98 EAST
DESTIN FL 32541

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt # etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1054 and 620.192, 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 620.192, 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)	11a. Address of Each General Partner (DO NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ODOM, JAY A	1965 HIGHWAY 98 EAST	DESTIN FL 32541	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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

DATE 12-27-95

Typed or Printed Name of General Partner Signing Form: Jay Odom

Telephone Number 904-654-4126

0011231