

Document Number Only
A950000000150

C T CORPORATION BY81121
Representative Name
1311 Executive Center Drive, ste. 200
Address
Tel. Indiana, IL. 32301 (204) 636-0290
City State Zip Phone

000001355780
-02/01/95--01091--015
***1837.50 ***1837.50

CORPORATION(S) NAME

- ☐ Profit
☐ NonProfit
☐ Foreign
☒ Limited Partnership
☐ Restatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
- ☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait TAY
- ☐ Merger
☐ Mark
☐ Other
☐ Change of N.A.
☐ Fictitious Name
☐ CUG / C/S
☐ After 4:30
☒ Pick Up

A95000000150 178507

Initial	
Availability	11/30/95
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Examiner	
Interpreter	
Verifier	
Acknowledgment	
W.P. Verifier	

CH2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)
FILE SIGNED

File 2
Raf...

CERTIFICATE OF LIMITED PARTNERSHIP OF
FOUR WAVES AT SAUSALITO PLACE, LIMITED
a Florida limited partnership

The undersigned, as the sole general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620 of the Florida Statutes, hereby states the following:

ARTICLE I.

Name of Limited Partnership

The name of the Limited Partnership is as follows:

FOUR WAVES AT SAUSALITO PLACE, LIMITED

ARTICLE II.

Address of the Limited Partnership

The address of the office of the Limited Partnership is as follows:

5701 NORTH PINE ISLAND ROAD, SUITE 390
TAMARAC, FLORIDA 33321

ARTICLE III.

Registered Agent and Registered Office

The name and address of the agent for service of process on the Limited Partnership is as follows:

LARRY A. ROTHENBERG, P.A.
2424 North Federal Highway, Suite 455
Boca Raton, Florida

ARTICLE IV.

General Partner

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

FOUR WAVES AT BOYNTON, L.C.
5701 NORTH PINE ISLAND ROAD, SUITE 390
TAMARAC, FLORIDA 33321

ARTICLE V.

Mailing Address of the Limited Partnership

The mailing address of the Limited Partnership is as follows:

5701 NORTH PINE ISLAND ROAD, SUITE 390
TAMARAC, FLORIDA 33321

ARTICLE VI.
Term of the Limited Partnership

The term for which the Limited Partnership is to exist is until February 1, 2025, unless sooner dissolved by writton consent.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of FOUR WAVES AT SAUSALITO PLACE, LIMITED this 26 day of January, 1995.

General Partner:

FOUR WAVES AT BOYNTON, L.C., a Florida
limited liability company, General Partner
BY: FOUR WAVES ENTERPRISES, INC., a
Florida corporation, its sole managing
member

BY: Robert Rickel, President
ROBERT RICKEL, President.

FILED
JAN 27 1995
CLERK

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for FOUR WAVES AT SAUSALITO PLACE, LIMITED, a Florida limited partnership (the "Limited Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Limited Partnership, hereby agrees to accept service of process for the Limited Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

January 26, 1995

REGISTERED AGENT:

LARRY A. ROTHENBERG, P.A.

BY: _____

LARRY A. ROTHENBERG

FILED
JAN 31 2012 05

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) SS.:
COUNTY OF PALM BEACH)

The undersigned, ROBERT RICKEL, President of FOUR WAVES ENTERPRISES, INC., a Florida corporation, sole managing member of FOUR WAVES AT BOYNTON, L.C., a Florida limited liability company, which is the sole general partner of FOUR WAVES AT SAUSALITO PLACE, LIMITED, being first duly sworn, certifies as follows:

1. The undersigned is the sole general partner of FOUR WAVES AT SAUSALITO PLACE, LIMITED, a Florida limited partnership, hereinafter referred to as the "Limited Partnership".

2. The amount of capital contributions to the Limited Partnership made by the Limited Partner is \$ -0-.

3. The amount of capital contribution anticipated to be contributed by the Limited Partners is \$825,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing, and the facts alleged are true to the best of his knowledge and belief.

General Partner:

FOUR WAVES AT BOYNTON, L.C., a Florida limited liability company, General Partner
BY: FOUR WAVES ENTERPRISES, INC., a Florida corporation, its sole managing member

BY: *Robert Rickel, President*
ROBERT RICKEL, President

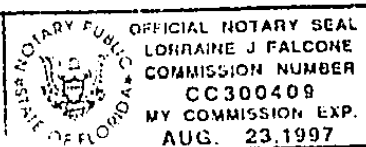
SWORN TO AND SUBSCRIBED before me this 26 day of January, 1995, by ROBERT RICKEL, President of FOUR WAVES ENTERPRISES, INC., a Florida corporation, the sole managing member of FOUR WAVES AT BOYNTON, L.C., a Florida limited liability company, as General Partner of FOUR WAVES AT SAUSALITO PLACE, LIMITED, a Florida limited partnership, who is personally known to me or who has produced *n/a* as identification.

Lorraine J. Falcone
NOTARY PUBLIC, STATE OF FLORIDA
LORRAINE J. FALCONE

TYPED OR PRINTED NAME

SERIAL NUMBER CC 300409

MY COMMISSION EXPIRES:



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
Tallahassee
Secretary of State
Division of Corporations

FILED

96 JAN -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000150

FOUR WAVES AT SAUSALITO PLACE, LIMITED

Mailing Address

5701 NORTH PINE ISLAND ROAD, SUITE 390
TAMARAC FL 33321

Principal Office Address

5701 NORTH PINE ISLAND ROAD, SUITE 390
TAMARAC FL 33321

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

3. Date Formed or Registered to Do Business in
FLORIDA
01/30/1995

3a. Date of Last Report
N/A

4. State & Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$825,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$ 825,000 -

6. FEI Number
65-0550469

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 \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$276.25 (\$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

ROTHERBERG, LARRY A.P.A.
2424 NORTH FEDERAL HIGHWAY, SUITE 455
BOCA RATON FL

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 620.1051 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)

FOUR WAVES AT BOYNTON, L.C.

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

5701 NORTH PINE ISLAND

11b. City, State & Zip Code

TAMARAC FL 33321

11c. Registration/
Document Number

L95000000082

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

Robert S. Ricke

DATE

12-3-95

Typed or Printed Name of General Partner Signing Form

ROBERT S. RICKE

Telephone Number

305-726-3811