CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0193 TA

800-342-8036

A95000000207

csc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 541550 5535A

AUTHORIZATION :

COST LIMIT : $ PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 12:00

ORDER DATE : February 10, 1995

ORDER TIME : 10:33 AM

ORDER NO. : 541550

CUSTOMER NO: 5535A

CUSTOMER: Peggy Marinelli, Legal Asst.
COHEN BERKE BERNSTEIN BRODIE
KONDELL & LASZLO, P.A.
19th Floor
2601 South Bayshore Drive
Miami, FL 33133

C. TAX	
FILING	175.00
R. AGENT FEE	35.00
. COPY	52.50
OTAL	1637.50
BANK	
BALANCE DUE	
REFUND	

RECEIVED
95 FEB 10 AM 11:18
DIVISION OF CORPORATION

BK

2/10/95

DOMESTIC FILING

NAME: VINTAGE/BALLENISLES, LTD.

000001 404580
02/13/95--01050--011
***1837.50 ***1837.50

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

2/10/95

CONTACT PERSON: Carol J. Davis

EXAMINER'S INITIALS: BK

CERTIFICATE OF LIMITED PARTNERSHIP OF VINTAGE/BALLENISLES, LTD.,

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:

FILED
95 FEB 10 PM 12:00
SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I.
Name of the Limited Partnership

The name of the Limited Partnership is as follows:

VINTAGE/BALLENISLES, LTD.

ARTICLE II.
Address of the Limited Partnership

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

5752 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL. 33484

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:

COBER CORPORATE AGENTS, INC.
2601 South Bayshore Drive
19th Floor
Miami, Florida 33133.

ARTICLE IV.
General Partner

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

AZA/BALLENISLES, INC.
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL. 33484

P95000010557

ARTICLE V.
Mailing Address of the Limited Partnership

The mailing address of the Limited Partnership is as follows:

5752 VINTAGE OAKS CIRCLE
DELRAY BEACH, FL. 33484

ARTICLE VI.
Term of the Limited Partnership

The term for which the Limited Partnership is to exist is until December 31, 2035, unless sooner dissolved by written consent.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of VINTAGE/BALLENISLES, LTD. this 5th day of February, 1995.

General Partner:

AZA/BALLENISLES, INC., a Florida corporation

By: _____
EUGENE N. SUTTIN, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for VINTAGE/BALLENISLES, LTD., a Florida limited partnership (the "Limited Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Limited Partnership, hereby agree 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.

February 7th, 1995.

REGISTERED AGENT:

COBER CORPORATE AGENTS, INC.

By: _____
Michael A. Berko, Vice President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 12:01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 FEB 10 PM 3:01

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The undersigned, EUGENE N. SUTTIN, President AZA/BALLENISLES, INC., a Florida corporation, being first duly sworn, certifies as follows:

1. The undersigned is the sole general partner of VINTAGE/BALLENISLES, LTD., 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 Partners is: $-0-

3. The amount of capital contribution anticipated to be contributed by the Limited Partners is $750,000.

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

AZA/BALLENISLES, INC., a Florida corporation

By: _____
EUGENE N. SUTTIN, President

SWORN TO AND SUBSCRIBED before me this 8th day of February, 1995, by EUGENE N. SUTTIN, President of AZA/BALLENISLES, INC., a Florida corporation, as General Partner for VINTAGE/BALLENISLES, LTD., a Florida limited partnership, who is personally known to me.

Signature: _____
Print Name: _____

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: JUN. 30, 1996

ANTOINETTE SCHRADER
Notary Public, State of Florida
My Commission Exp. Nov. 30, 1996
No. CC243266

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 12:04

LC 1/2/96

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

VINTAGE/BALLENISLES, LTD.

1a. DOCUMENT #
A95000000207

Mailing Address
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

Principal Office Address
5752 VINTAGE OAKS CIRCLE
DELRAY BEACH FL 33484

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

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

3. Date Formed or Registered to Do Business in FLORIDA
02/10/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$750,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
65-0562405

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$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.

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

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 620.192, 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
AZA/BALLENISLES, INC.	5752 VINTAGE OAKS CIR	DELRAY BEACH FL 33484	P95000010557

700301677527
-01/03/96--01127--003
****576.25 ****576.25

CR2E003 (6/95)

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 absolutely true and correct, and I qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I authorize the Division of Corporations to remove any portion of such exemption 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 12/11/95

Typed or Printed Name of General Partner Signing Form: Gene Sutton

Telephone Number: 407-499-7899

0007443