A95000000217

RECEIVED
95 FEB 13 PM 2:11
DIVISION OF CORPORATION

Akerman
(Requestor's Name)

(Address)

222 3471
(City, State, Zip) (Phone #)

OFFICE USE ONLY

400001411022 4
-02/20/95--01052--001
****245.00 ****122.50

400001411022 4
-02/20/95--01052--002
*****17.50 *****17.50

2nd

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

1. Las Olas Land, LTD.
(Corporation Name) (Document #)

2. Las Olas Management, Inc.
(Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED
95 FEB 13 PM 2:51

- [x] Walk in
- [ ] Pick up time
- [x] Certified Copy
- [ ] Mail out
- [x] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

NEW FILINGS	
✓	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

Name Availability
Document Examiner DCC
Updater DCC
Verifier DCC
Acknowledgement DCC
W. P. Verifyer DCC

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX
F. 87.50
C. 52.50
REFUND

A95000000217

TC $1,000.00

Examiner's Initials

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
LAS OLAS LAND, LTD.

This Certificate of Limited Partnership is executed and filed in order to form a limited partnership in accordance with Section 620.108, Florida Statutes.

1. The name of the limited partnership is:

Las Olas Land, Ltd.

2. The address of the office and the name and address of the agent for service of process on the limited partnership is:

American Information Services, Inc.
801 Brickell Avenue
Suite 2400
Miami, Florida 33131

3. The name and business address of the general partner is:

Las Olas Management, Inc.
801 Brickell Avenue, 24th Floor
Miami, Florida 33131

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4. The mailing address for the limited partnership is:

Las Olas Land, Ltd.
801 Brickell Avenue, 24th Floor
Miami, Florida 33131

5. The term of the limited partnership shall commence upon the filing of this Certificate with the Florida Department of State, and the latest date upon which the limited partnership is to dissolve is December 31, 2024.

The undersigned general partner has executed this Certificate of Limited Partnership as of the 10th day of February, 1995.

GENERAL PARTNER: Las Olas Management, Inc.,
a Florida corporation

By: _____
Jonathan L. Awner, Secretary

The undersigned accepts the foregoing designation as the agent for service of process on Las Olas Land, Ltd., and agrees to act in that capacity.

American Information Services, Inc.

By: _____
Alina Cepero, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Jonathan L. Awner, Secretary of Las Olas Management, Inc., a Florida corporation, which is the general partner of Las Olas Land, Ltd., a Florida limited partnership, being first duly sworn, on oath, deposes and says:

1. That he is the Secretary of Las Olas Management, Inc., a Florida corporation, and in that capacity has full authority to sign this Affidavit on behalf of the corporation.

2. That Las Olas Management, Inc. is the general partner of Las Olas Land, Ltd., a Florida limited partnership.

3. That the amount of the capital contributions of the limited partner and the total amount anticipated to be contributed by the limited partner to Las Olas Land, Ltd. at this time is $1,000.00.

GENERAL PARTNER:

Las Olas Management, Inc.,
a Florida corporation

By: _____
Jonathan L. Awner, Secretary

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lasolas.002.LTD.PA

/2

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
95 DEC 29 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

LAS OLAS LAND, LTD.

1a. DOCUMENT #
A95000000217

Mailing Address
801 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

Principal Office Address
801 BRICKELL AVENUE, 24TH FLOOR
MIAMI FL 33131

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. 300000167793
City, State & Zip -01/03/96--01122--025-
***5340.00 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA
02/13/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$1,000.00

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

6. FEI Number
65-0561471

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

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE, SUITE 2400
MIAMI FL 33131

10. If changed, new Registered Agent/Office
Name: American Information Services, Inc.
Street Address (P.O. Box Number Is Not Acceptable): One S.E. 3rd Avenue, 27th Floor
Suite, Apt. #, etc.
City: Miami FL Zip Code: 33131

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
LAS OLAS MANAGEMENT, INC.	801 BRICKELL AVENUE,	MIAMI FL 33131	P95000012099

AR - $52.50
SF - $138.75

1-2-96 CW

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 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 [signature] DATE 12-28-95

Typed or Printed Name of General Partner Signing Form: Richard C. Rochon

Telephone Number (305) 524-8400

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