A95000000241

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

800-342-8086

CSC networks

MAIL TO:
P.O. BOX 5820
TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 2:05

ACCOUNT NO. : 072100000032

REFERENCE : 544962 9666A

AUTHORIZATION :

COST LIMIT : $ 140.00 Patricia Pyatt

400001409134

ORDER DATE : February 17, 1995

ORDER TIME : 10:40 AM

ORDER NO. : 544962

CUSTOMER NO: 9666A

CUSTOMER: Ms. Doreen Sanders
SIMMONS & HART, P. A.
P. O. Box 3310
Ocala, FL 34478-3310

RECEIVED
95 FEB 17 AM 11:19
DIVISION OF CORPORATION

DOMESTIC FILING

CM

NAME: CALA HILLS DEVELOPMENT, LTD.

_____ ARTICLES OF INCORPORATION
X____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CALA HILLS DEVELOPMENT, LTD.

1. The name of the Limited Partnership is Cala Hills Development, Ltd.

2. The business address of the Limited Partnership is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

3. The name of the Registered Agent for service of process of the Limited Partnership is Sharon Glassman.

4. The street address for the Registered Agent for service of process is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

5. By her signature herein Sharon Glassman accepts designation as Registered Agent for service of process for the Limited Partnership.

Sharon Glassman

6. The mailing address of the Limited Partnership is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474.

7. The latest date upon which Limited Partnership is to be dissolved is December 31, 2025.

8. The name of the sole General Partner of the Limited Partnership is Cala Hills Development, Inc., a Florida corporation, whose address is 2801 Southwest College Road, Suite 18, Ocala, Florida 34474, and whose Registered Agent is Steven H. Gray, 125 Northeast First Avenue, Suite 1, Ocala, Florida 34470.

Signed this 16 day of February, 1995.

CALA HILLS DEVELOPMENT, INC.,
a Florida corporation

By _____
Sharon Glassman, President

Doreen Sanders
Print name Doreen Sanders

Judith A Macolino
Print name JUDITH A MACOLINO

FILED
95 FEB 17 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLS-12622

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF MARION

Before me, the undersigned constituting all of the General Partners of Cala Hills Development, Ltd., a Florida Limited Partnership, certifies as follows:

1. The amount of capital contributions to date of the Limited Partners is One hundred dollars ($100.00).

2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals One hundred dollars ($100.00).

Dated this 16 day of February, 1995.

Further Affiant saith not.

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

FILED
95 FEB 17 PM 2:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CALA HILLS DEVELOPMENT, INC.,
a Florida corporation, Its
General Partner

By _____
Sharon Glassman, President

Sworn to and subscribed before me this 16 day of February, 1995, by Sharon Glassman, as President for Cala Hills Development, Inc., a Florida corporation, who is personally known by me.

_____
Notary Public

DOREEN SANDERS
Notary Public, State of Florida
My Comm. Expires Sept. 13, 1998
No. CC 388340
Bonded Thru Official Notary Service

FILE ON OR BEFORE DECEMBER 31, 1996 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 JAN 31 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000241

CALA HILLS DEVELOPMENT, LTD.

2. New Mailing Address If Applicable

Suite, Apt #, etc. PO Box 740160
City, State & Zip Ocala, FL 34478

2a. New Principal Office Address If Applicable

Suite, Apt #, etc.
City, State & Zip

Mailing Address	Principal Office Address
~~2001 S.W. COLLEGE ROAD~~ ~~SUITE 18~~ ~~OCALA FL 34474~~	2001 S.W. COLLEGE ROAD SUITE 18 OCALA FL 34474

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	**3a.** Date of Last Report	**4.** State or Country of Formation
02/17/1995		FL

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number	**7.** CERTIFICATE OF STATUS REQUIRED
$100.00	$100.00	59-3302322	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

GLASSMAN, SHARON
2801 S.W. COLLEGE ROAD, SUITE 18
OCALA FL 34474

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable) 100001705847
-02/05/96--01019--010
Suite, Apt #, etc. ****200.00 ****200.00
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
CALA HILLS DEVELOPMENT, INC.	2801 S.W. COLLEGE ROA	OCALA FL 34474	P95000012622

CR2E003 (6/95)

cw/KWM

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 voluntary [illegible] Section 119.07(3)(x), Florida Statutes. I release the Division of Corporations from any liability [illegible] 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 1/23/96

Typed or Printed Name of General Partner Signing Form: Sharon Glassman, as President of Cala Hills Development, Inc.

Telephone Number 352/873-4455

0009716