Corporation Information
Services, Inc.
1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0391 FAX

800-342-8086

A95000000286

CSC networks

Mail To:
P.O. Box 5020
Tallahassee, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 550487 8878A

AUTHORIZATION :

COST LIMIT : $ PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -1 AM 10:26

ORDER DATE : March 1, 1995

ORDER TIME : 10:01 AM

ORDER NO. : 550487

CUSTOMER NO: 8878A

CUSTOMER: Wendy Roston, Legal Asst
PACKMAN NEUWAHL & ROSENBERG

Suite 125
1500 San Remo Avenue
Coral Gables, FL 33146

700001420987
-03/03/95--01038--018
***1837.50 ***1837.50

C. TAX
FILING 175.00
R. AGENT FEE 25.00
C. COPY 52.50
TOTAL 1837.50
N. BANK
BALANCE DUE
REFUND

FILED
95 MAR -1 AM 10:25
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: WILDERNESS VENTURES, LTD

3/1/95

_____ ARTICLES OF INCORPORATION
XX___ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

3/1/95

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

WILDERNESS VENTURES, LTD.
CERTIFICATE OF LIMITED PARTNERSHIP

95 MAR -1 AM 10:45

Pursuant to § 620.108 of the Florida Statutes, the undersigned person, desiring to form a Florida Limited Partnership, hereby swears to and affirms as follows:

1. The name of the Limited Partnership shall be WILDERNESS VENTURES, LTD.

2. The character of the business is the acquisition, development, ownership, renting, operation and/or disposition by sale or exchange of real and/or personal property and/or any other lawful enterprise.

3. The location of the principal place of business is 5050 Hiatus Road, Sunrise, FL 33351. The name and address of the agent for service of process is James R. Davis, 5050 Hiatus Road, Sunrise, FL 33351.

4. The name and business address of the General Partner shall be as follows:

Wilderness Golf & Country Club, Inc. P94000064254
5050 Hiatus Road
Sunrise, Florida 33351

5. The mailing address for the Limited Partnership shall be as follows:

Wilderness Ventures, Ltd.
5050 Hiatus Road
Sunrise, Florida 33351

6. The term of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, and it shall continue for a period of thirty (30) years thereafter, unless otherwise terminated or extended in accordance with the provisions of the Partnership Agreement.

IN WITNESS WHEREOF, the party hereto has executed this Certificate of Limited Partnership on the 28 day of FEBRUARY, 1995, effective upon filing same with the Florida Department of State.

WILDERNESS VENTURES, LTD.

Wilderness Golf & Country Club, Inc., General Partner

BY: _____
OTTO VITALE, President

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -1 AM 10:45

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 28 day of FEBRUARY, 1995, by OTTO VITALE, President of Wilderness Golf & Country Club, Inc., who did execute the foregoing Certificate of Limited Partnership as General Partner, who is personally known to me or who has produced _____ as identification, and who acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

Pamela S. Wintle
Signature - NOTARY PUBLIC

PAMELA L. WINTLE
Printed Name of NOTARY PUBLIC

NOTARY PUBLIC
Title

OFFICIAL NOTARY SEAL
PAMELA L WINTLE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC407575
MY COMMISSION EXP. SEPT 15,1998

Commission Number

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for Wilderness Ventures, Ltd., a Florida limited partnership in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

James R. Davis
JAMES R. DAVIS

CERTIF-1
15/2*4209

95 MAR -1 PM 12:46

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared OTTO VITALE, President of Wilderness Golf & Country club, Inc., the sole General Partner of Wilderness Ventures, Ltd., a Florida limited partnership (hereinafter referred to as the "Partnership"), who upon being sworn, certified as follows:

The amount of initial capital contributions of the limited partners is $1,100,000. The total amount anticipated to be contributed by the limited partners at this time totals $5,000,000.

The 28 day of FEBRUARY, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

WILDERNESS VENTURES, LTD.

Wilderness Golf & Country Club, Inc., General Partner

BY: _____
OTTO VITALE, President

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 28 day of FEBRUARY, 1995, by OTTO VITALE, President of Wilderness Golf & Country Club, Inc., who did execute the foregoing Certificate of Limited Partnership as General Partner, who is personally known to me or who has produced _____ as identification, and who acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

Pamela L. Wintle
Signature - NOTARY PUBLIC

PAMELA L. WINTLE
Printed Name of NOTARY PUBLIC

NOTARY PUBLIC
Title

OFFICIAL NOTARY SEAL
PAMELA L WINTLE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC407575
MY COMMISSION EXP. SEPT 15,1998

Commission Number

AFFID-1
15/2*4209

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 JAN -2 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # A95000000286

1. Name of Limited Partnership

WILDERNESS VENTURES, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address
5050 HIATUS ROAD
SUNRISE FL 33351

Principal Office Address
5050 HIATUS ROAD
SUNRISE FL 33351

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

If above addresses are changed in any way, both the old and new addresses must be listed in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: 03/01/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $5,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 500,000.00

6. FEI Number: 65-0561458

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

DAVIS, JAMES R
5050 HIATUS ROAD
SUNRISE FL 33351

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WILDERNESS GOLF & COUNTRY CL	5050 HIATUS ROAD	SUNRISE FL 33351	P94000069254

1.9.96
5

800001682868
-01/09/96--01101--020
****576.25 ****576.25

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 set out 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 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 James R. Davis DATE 12/21/95

Typed or Printed Name of General Partner Signing Form JAMES R. DAVIS Telephone Number 954-572-2821

CR2E003 (6/95)

0006783