

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-9171
904-222-0191 FAX

CSC networks

800-342-8086

A95000000371

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

ACCOUNT NO. : 072100000032

REFERENCE : 557768 10561

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : March 9, 1995

ORDER TIME : 9:51 AM

ORDER NO. : 557768

CUSTOMER NO: 10561

CUSTOMER: Robert Hudson, Jr., Esq
BAKER & MCKENZIE

Suite 1600
701 Brickell Avenue
Miami, FL 33131

G. TAX	_____
FILING	1750.00
S. AGENT FEE	35.00
COPY	62.50
TOTAL	1837.50
V. BANK	_____
BALANCE DUE	_____

DOMESTIC FILING

600001428366
-03/13/95--01067--013
***1837.50 ***1837.50

NAME: LEHMANN LAND DEVELOPMENT, LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jodie Krebs

EXAMINER'S INITIALS:

3/9/95

BK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:39

95 MAR -9 AM 9:15
DIVISION OF CORPORATIONS

BAKER & MCKENZIE,

ATTORNEYS AT LAW

Europe Middle East

AMSTERDAM
BARCELONA
BERLIN
BRUSSELS
BUDAPEST
CAIRO
FRANKFURT
GENEVA
RIV
LONDON
MADRID

Asia Pacific

BANGKOK
BEIJING
HANOI
HO CHI MINH CITY
HONG KONG
MANILA
MELBOURNE
SINGAPORE
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TOKYO

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JUAREZ
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NEW YORK
PALO ALTO
RIO DE JANEIRO
SAN DIEGO
SAN FRANCISCO
SAO PAULO
TJUANNA
TORONTO
VALENCIA
WASHINGTON, D.C.

SUITE 1800

BARNETT TOWER

701 BRICKELL AVENUE

MIAMI, FLORIDA 33131-2027

TELEPHONE (305) 789-8000

CABLE ABOGADOMIA • TELEX 592386

FACSIMILE (305) 789-8953

ROBERT F. HUDSON, JR.
3001 ZOU HOA

March 8, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:39

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Lehmann Land Development, Ltd.

Dear Sir/Madame:

Following please find the original plus one copy of the Certificate of Limited Partnership of Lehmann Land Development, Ltd. for filing with your office, along with our Firm's check in the amount of \$1,837.50 to cover for the filing and certification fees.

Kindly process the filing of the Certificate of Limited Partnership and return the certified copy to the messenger service who is delivering this letter.

Should you have any questions or comments, please do not hesitate to contact us.

Very truly yours,



Robert F. Hudson, Jr.

Enclosures
MIAMI5794511

CERTIFICATE OF LIMITED PARTNERSHIP

OF

LEHMANN LAND DEVELOPMENT, LTD.

a Florida limited partnership

1. The name of this limited partnership is Lehmann Land Development, Ltd. (the "Partnership").

2. The principal place of business and the mailing address of the Partnership is:

5500 Collins Avenue, Suite 1203
Miami Beach, Florida 33140

3. The name and address of the registered agent of the Partnership is:

Robert F. Hudson, Jr.
701 Brickell Avenue, Suite 1600
Miami, Florida 33131

4. The name and address of the General Partner of the Partnership is:

Lehmann Land Development, Inc.
5500 Collins Avenue, Suite 1203
Miami Beach, Florida 33140

95000015045

5. The latest date upon which the Partnership is to dissolve is December 31, 2054.

IN WITNESS WHEREOF, the undersigned general partner of Lehmann Land Development, Ltd., has executed this Certificate of Limited Partnership this 2 day of March, 1995.

GENERAL PARTNER:

LEHMANN LAND DEVELOPMENT, INC.



By: _____

Manfred R. Lehmann, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR -9 AM 11:39

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

1. The name of the partnership is Lehmann Land Development, Ltd., a Florida limited partnership (the "Partnership").

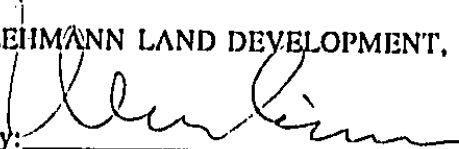
2. The amount of the capital contribution of the Limited Partners and the amount anticipated to be contributed by the Limited Partners of the Partnership is \$350,000.00.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

LEHMANN LAND DEVELOPMENT, INC.

Dated: March 2, 1995

By: 

Manfred R. Lehmann, President

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:39

ACKNOWLEDGMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent for Lehmann Land Development, Ltd., at the place designated in this Certificate of Limited Partnership, hereby agrees to act in such capacity and to comply with the provisions of law in relation thereto.

R. F. Hudson, Jr.

Robert F. Hudson, Jr.
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:39

MIAMI\56867

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 Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 OCT 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000371

LEHMANN LAND DEVELOPMENT, LTD.

Mailing Address

Principal Office Address

5500 COLLINS AVENUE, SUITE 1203
MIAMI BEACH FL 33140

5500 COLLINS AVENUE, SUITE 1203
MIAMI BEACH FL 33140

2. New Mailing Address, if Applicable

Suite Apt # etc 6000001822176
10/27/95--01030--004
City State & Zip ***576.25 ***576.25

2a. New Principal Office Address, if Applicable

Suite Apt # etc

City State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA 03/09/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

\$350,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

65-0578193

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 607.103, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$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

HUDSON, ROBERT F JR.
701 BRICKELL AVENUE, SUITE 1600
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name Sara Anne Lehmann
Street Address (P.O. Box Number, if Not Acceptable) 5500 Collins Ave, Suite 1203
Suite Apt # etc Suite 1203
City Miami Beach FL 33140

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)

Sara Anne Lehmann

DATE

10/20/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

LEHMANN LAND DEVELOPMENT, IN

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

5500 COLLINS AVENUE,

11b. City, State & Zip Code

MIAMI BEACH FL 33140

11c. Registrar's
Document Number

P85000015045

AR- \$437.50
SF- \$138.75

10/26/95

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 state in section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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 I were 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

Sara Anne Lehmann

DATE

10/20/95

Typed or Printed Name of General Partner Signing Form Sara Anne Lehmann

Telephone Number

305 866 0194