

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 101 Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: P.O. Box 1000 Tallahassee, FL 32302
 TOLL FREE No. 1-800-222-1122
 FAX (904) 222-1122

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

C. TAX _____
 FILING _____
 R. AGENT FEE _____
 C. COPY _____
 TOTAL _____
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN
 Will Pick Up 3-15 11/12

RE: SEP BOST H 510 L-1

C. FEE. DISBURSED

_____ Capital Express™	_____	_____
_____ Art. of Inc. File	_____	_____
_____ Corp. Record Search	_____	_____
✓ _____ Ltd. Partnership File	_____	_____
_____ Foreign Corp. File	200001432552	_____
_____ () Cert. Copy(s)	-03/17/95--01033--005	_____
✓ _____ Photo Copy	****175.00	****87.50
_____ Art. of Amend. File	_____	_____
_____ Dissolution/Withdrawal	_____	_____
_____ C U S-	_____	_____
_____ Fictitious Name File	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate Kit	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	_____	_____
_____ UCC 1 or 3 File	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	_____	_____
_____ File No.'s, _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/Handling	_____	_____
_____ Phone ()	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prep.	_____	_____
_____ FAX () pgs.	_____	_____

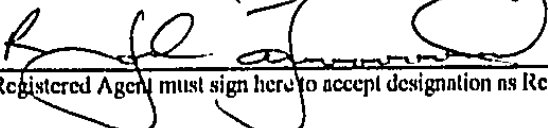
SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
SFR - B & E HOUSING, LTD.**

- 1.) SFR - B & E Housing, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")
- 2.) 2430 Estancia Boulevard, Suite 112, Clearwater, Florida 34621
(The Business Address of Limited Partnership)
- 3.) R. John Zavodny
(Name of Registered Agent for Service of Process)
- 4.) 2430 Estancia Boulevard, Suite 112, Clearwater, Florida 34621
(Florida Street Address for Registered Agent)
- 5.) 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6.) 2430 Estancia Boulevard, Suite 112, Clearwater, Florida 34621
(The Mailing Address of the Limited Partnership)
- 7.) The latest date upon which the Limited Partnership is to be dissolved is
December 31, 2014.

- | 8.) | NAME OF GENERAL PARTNER(S) | SPECIFIC ADDRESS |
|-----|---|---|
| | Spectrum Financial Resources, Inc. 514 9164 | 2430 Estancia Boulevard, Suite 112
Clearwater, Florida 34621 |

Signed this 10th day of March, 19 95.

Signature of all General Partners:

Spectrum Financial Resources, Inc.

By:


Spectrum Financial Resources, Inc.
R. John Zavodny, President

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 15 AM 10:57

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned consulting all of the General Partners of SFR - B & E Housing, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$4,000.

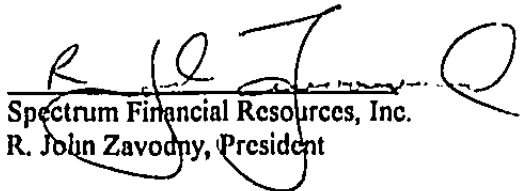
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$4,000.

This 10th day of March, 19 95.

FURTHER AFFIANT SAYETH NOT:

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

By:


Spectrum Financial Resources, Inc.
R. John Zavodny, President

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 15 AM 10:51

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
Serving the People
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS

95 DEC 22 AM 10:30

1. Name of Partnership
1a. DOCUMENT #
A95000000396

SFR - B & E HOUSING, LTD.

Mailing Address
2430 STANCIA BOULEVARD, SUITE 112
CLEARWATER FL 34621

Principal Office Address
2430 STANCIA BOULEVARD, SUITE 112
CLEARWATER FL 34621

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

3. Date Form of Registration for Business in
FLORIDA 03/15/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$4,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
4,000

6. FID Number
59-3301267

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 5a or 5b 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 \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$570.25 (\$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

ZAVODNY, R. JOHN
2430 STANCIA BOULEVARD, SUITE 112
CLEARWATER FL 34621

10. If changed, new Registered Agent/Office

Name: SAME
Street Address (P.O. Box Number is Not Accepted): 2430 ESTANCIA Blvd Suite 112
City, State & Zip: Clearwater FL 34621

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) who 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)

R. John Zavodny

DATE 12/20/95

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
SPECTRUM FINANCIAL RESOURCES	2430 STANCIA BOULEVARD Estancia Blvd Suite 112	CLEARWATER FL 34621	S18969 000001677550 -01/03/96--01124--026 ****191.25 ****191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, certify that the information supplied on this form is true and correct, and that I am a general partner in the partnership named herein. I further certify that the information reported on this form is true and correct, and that I am a general partner in the partnership named herein. I further certify that the information reported on this form is true and correct, and that I am a general partner in the partnership named herein.

SIGNATURE

R. John Zavodny
R. John Zavodny

DATE 12/20/95
873.938.8886