_____ of _____

CAPITAL CONNECTION, INC.

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

A9500000396

RE: SEFAB... LLC

NAME ____________
FIRM ____________
ADDRESS ____________

PHONE ( ) ____________

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

To us via ______ Return via ______

Matter No.: ______ Express Mail No. ______

State Fee $ ______ Our $ ______

BK 3/15/95

C. TAX	
FILING	52.50
R. AGENT FEE	35.00
C. COPY	~~...~~
TOTAL	$87.50
N. BANK	
BALANCE DUE	
REFUND	

		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			

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

RECEIVED
95 MAR 15 AM 10:01
DIVISION OF CORPORATIONS

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

	TAKEN	CONFIRMED	APPROVED
REQUEST			
DATE			
TIME			CK No.
BY	JW		

WALK-IN
Will Pick Up 3-15 11:00

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)

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

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. S18964	2430 Estancia Boulevard, Suite 112 Clearwater, Florida 34621

Signed this 10th day of March, 1995.

Signature of all General Partners:

Spectrum Financial Resources, Inc.

By: _____
Spectrum Financial Resources, Inc.
R. John Zavodny, President

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

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 22 AM 10:30

1. Name

1a. DOCUMENT # A95000000396

SFR - B & E HOUSING, LTD.

DO NOT WRITE IN THIS SPACE mtn

Mailing Address
2430 ~~STANCIA~~ BOULEVARD, SUITE 112
CLEARWATER FL 34621

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

2. New Mailing Address, If Applicable
Suite, Apt #, etc. 2430 Estancia Blvd Suite 112
City, State & Zip Clearwater FL 34621

2a. New Principal Office Address, If Applicable
Suite, Apt #, etc. 2430 Estancia Blvd. Suite 112
City, State & Zip Clearwater FL 34621

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
03/15/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$4,000.00	4,000	59-3301267

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
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 Acceptable): 2430 Estancia Blvd Suite 112
Suite, Apt #, etc.
City: Clearwater FL Zip Code: 34621

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) [signature] 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

0000101677550
-01/03/96--01124--026
****191.25 ****191.25

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 12/20/95

R. John Zavodny Telephone No. 813-938-8886

Typed or Printed Name of General Partner Signing Form

0008678