

CAPITAL CONNECTION, INC.
 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: P.O. Box 10140, Tallahassee, FL 32302
 TEL: (904) 224-8870 FAX: (904) 224-8870

RE: Metropolitan Associates Ltd.
A950000000472

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 \$ _____

13K
7/27/95
OLEARY
~~STATE~~ ~~FEE~~ ~~5.00~~
 FILING 1750.00
 R. AGENT FEE 35.00
~~4 CUS~~ 35.00
 TOTAL 1825.00
 V. BANK _____
 BALANCE DUE _____
 AMOUNT _____

DISBURSED

Capital Express™ _____
 Art. of Inc. File _____
 Corp. Record Search _____
 ✓ Ltd. Partnership File _____
 Foreign Corp. File _____
 ✓ ~~Corp. Copy (n)~~ *Photo Copy* _____
 Art. of Amend. File _____
 ✓ Dissolution/Withdrawal _____
 C U S - g.s. (C2) _____
 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 1825.00 1025.00

Courier Service _____
 Shipping/Handling _____
 Phone () _____
 Top Priority _____
 Express Mail Prep. _____
 FAX () _____ pgs.

95 MAR 27 AM 10:14
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 FILED
 8000014-1
 -03/30/95-01/7-017

SUBTOTALS _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY SW _____

WALK-IN Will Pick Up 3-27 11:00

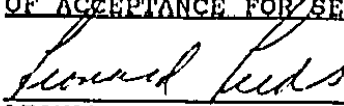
FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

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
METROPOLITAN ASSOCIATES, LTD.

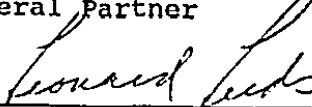
FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:14

1. NAME OF LIMITED PARTNERSHIP:
METROPOLITAN ASSOCIATES, LTD.
2. BUSINESS ADDRESS:
6940 Lions Head Lane
Boca Raton, FL 33496
3. REGISTERED AGENT:
LEONARD LEEDS, Registered Agent
6940 Lions Head Lane
Boca Raton, FL 33496
4. REGISTERED AGENT'S SIGNATURE
OF ACCEPTANCE FOR SERVICE OF PROCESS:

LEONARD LEEDS
5. MAILING ADDRESS OF LIMITED PARTNERSHIP:
6940 Lions Head Lane
Boca Raton, FL 33496
6. NAME OF GENERAL PARTNER:
METROPOLITAN MHP, INC. 895000020859
6940 Lions Head Lane
Boca Raton, FL 33496

The latest date upon which the Limited Partnership is to be dissolved is March 15, 2015.

Signed this 17th day of March, 1995.

METROPOLITAN MHP, INC., a
General Partner

By: 
LEONARD LEEDS, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED STATES
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:14

The undersigned constituting all of the general partners of METROPOLITAN ASSOCIATES, LTD., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 892,500.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 892,500.00.

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 17th day of March, 1995.

METROPOLITAN MHP, INC., a
General Partner

By: Leonard Leeds
LEONARD LEEDS, President

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
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -5 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000472

METROPOLITAN ASSOCIATES, LTD.

Making Address

6940 LIONS HEAD LANE
BOCA RATON FL 33496

Principal Office Address

6940 LIONS HEAD LANE
BOCA RATON FL 33496

If above addresses are incorrect in any way, file through the nearest Corporation and enter correct address in Block 2, under 2a

3. Date Formed or Registered in Florida
03/27/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Report
\$892,500.00

5b. Amount of Capital Contributions in Florida to Date

6. FID Number
65-0576347

Applied Fee
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 607.193, 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

LEEDS, LEONARD
6940 LIONS HEAD LANE
BOCA RATON FL 33496

10. If changed, new Registered Agent's Office

Name
Street Address (P.O. Box Number is Not Acceptable)
State Apt # etc
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. Registered Document Number
METROPOLITAN MHP, INC.	6940 LIONS HEAD LANE	BOCA RATON FL 33496	P95000020859
300001685989 -01/11/96--01007--012 ****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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.02(3)(a) if 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 survive as a legal attestation. 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 206, Florida Statutes.

SIGNATURE

DATE

Telephone Number

Typed or Printed Name of General Partner Signing Form

Leonard Leeds

1/3/96
407-483-6800