A95000000498

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(((H95000003635))) PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000003635)))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: TROPICAL COMMUNITY BUILDERS, LTD.
FAX AUDIT NUMBER: H95000003635
DATE REQUESTED: 03/29/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 5
ESTIMATED CHARGE: $140.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 16:23:27
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
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** ENTER 'M' FOR MENU. **
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CC 3/30/95 aw

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1995 MAR 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR-29-1995 17:29 FROM EMPIRE TO DIV CORP ELT FI P.13

H95000003635

CERTIFICATE OF LIMITED PARTNERSHIP OF
TROPICAL COMMUNITY BUILDERS, LTD.
a Florida limited partnership

(5)

The undersigned General Partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is TROPICAL COMMUNITY BUILDERS, LTD.

2. The address of the office of the Partnership shall initially be at: 2665 South Bayshore Drive, Suite 202, Coconut Grove, Florida 33133.

3. The name and address of the agent for service of process on the Partnership is: MICHAEL D. WOHL, 2665 South Bayshore Drive, Suite 202, Coconut Grove, Florida 33133.

4. The names and business addresses of the general partner is as follows: MIC VIC CORP., 2665 South Bayshore Drive, Suite 202, Coconut Grove, Florida 33133.

5. The mailing address of the Partnership is: 2665 South Bayshore Drive, Suite 202, Coconut Grove, Florida 33133.

6. The latest date upon which the Partnership shall dissolve is: March 31, 2015.

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1995 MAR 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000003635

This instrument prepared by:
Ana Maria Angulo, Attorney
2151 South LeJeune Road
Suite 310
Coral Gables, Florida 33134
Florida Bar: 374423
(305) 567-0010

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1995 MAR 30 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF
TROPICAL COMMUNITY BUILDERS, LTD.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by the general partner of TROPICAL COMMUNITY BUILDERS, LTD.

By and through its sole
GENERAL PARTNER:
MIC VIC CORP., a Florida corporation

By: _____
MICHAEL D. WOHL, President

By: _____
VICTOR ANGULO, Secretary

STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 29 day of March, 1995, by Michael D. Wohl and Victor Angulo, as President and Secretary of the General Partner, MIC VIC CORP., who (✓) are personally known to me or ( ) who have produced _____ and _____ as identification.

_____
Print Name: Ana Maria Angulo
Notary Public, State of Florida

My Commission Expires:

ANA MARIA ANGULO
MY COMMISSION # CC 304867
EXPIRES: May 17, 1998
Bonded Thru Notary Public Underwriters

H95000003635

H95000003635

FILED
95 MAR 30 AM 9:25
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FOR TROPICAL COMMUNITY BUILDERS, LTD.

a Florida Limited Partnership

Having been named as registered agent for TROPICAL COMMUNITY BUILDERS, LTD., a Florida Limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf on the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent, including Florida Statute 620.192.

REGISTERED AGENT/OFFICE:

By: _____
MICHAEL D. WOHL

STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 29 day of March, 1995, by MICHAEL D. WOHL, as Registered Agent of TROPICAL COMMUNITY BUILDERS, LTD., who ( ) is personally known to me.

_____
Print Name: Ana Maria Angulo
Notary Public, State of Florida

My Commission Expires:

ANA MARIA ANGULO
MY COMMISSION # CC 304507
EXPIRES: July 27, 1998
Bonded Thru Notary Public Underwriters

H95000003635

H95000003635

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
1995 MAR 30 PM 3:25
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned constituting the sole general partner of TROPICAL COMMUNITY BUILDERS, LTD., a Florida Limited Partnership, certify as follows:

1. The amount of capital contributions to date of the limited partners is $7,500.00.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 0.

DATED this 29 day of March, 1995.

FURTHER YOUR AFFIANT SAYETH NOT.

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

By and through its sole
GENERAL PARTNER:
MIC VIC CORP., a Florida corporation

By: _____
MICHAEL D. WOHL, President

By: _____
VICTOR ANGULO, Secretary

STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 29 day of March, 1995, by Michael D. Wohl and Victor Angulo, as President and Secretary respectively of the General Partner, MIC VIC CORP., who (✓) are personally known to me or ( ) who have produced _____ and _____ as identification.

_____
Print Name: Ana Maria Angulo
Notary Public, State of Florida

My Commission Expires:

ANA MARIA ANGULO
MY COMMISSION # CC 254807
EXPIRES: May 27, 1998
Bonded Thru Notary Public Underwriters

H95000003635

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 OCT 19 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000498

TROPICAL COMMUNITY BUILDERS, LTD.

Mailing Address	Principal Office Address
2665 SOUTH BAYSHORE DR SUITE 202 COCONUT GROVE FL 33133	2665 SOUTH BAYSHORE DR. SUITE 202 COCONUT GROVE FL 33133

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

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

300001621663
-10/26/95--01104--016
****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/30/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$0.00		N/A	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	10. If Changed, new Registered Agent/Office
WOHL, MICHAEL D 2665 SOUTH BAYSHORE DR. SUITE 202 COCONUT GROVE FL 33133	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.105 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. Registration/Document Number
MIC VIC CORP.	2665 SOUTH BAYSHORE D	COCONUT GROVE FL 3313	P95000020522

AR- $52.50
SF- $138.75
10/25/95 [initials]

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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 [signature] DATE 10/4/95

Typed or Printed Name of General Partner Signing Form Telephone Number

0001752