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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

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
ACCOUNT NUMBER: 072460003256

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000003635)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM CAPS Connect: 00:16:3.

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cc 3/30/95 aw

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

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.

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

H95000003635

PAGE 2
CERTIFICATE OF LIMITED PARTNERSHIP OF
TROPICAL COMMUNITY BUILDERS, LTD.

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MAR 30 AM 9:24
TALLAHASSEE, FLORIDA

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: [Signature]
MICHAEL D. WOHL, President

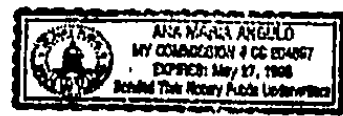
By: [Signature]
VICTOR ANGULO, Secretary

STATE OF FLORIDA)
COUNTY OF DADE)SS:
)

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.

[Signature]
Print Name: Ana Maria Angulo
Notary Public, State of Florida

My Commission Expires:



H95000003635

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FOR TROPICAL COMMUNITY BUILDERS, LTD.

a Florida Limited Partnership

FILED
MAR 30 AM 9 25
TALLAHASSEE, FLORIDA

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)

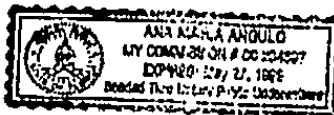
COUNTY OF DADE)

)SS:

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.

ANA MARIA ANGULO
Print Name: Ana Maria Angulo
Notary Public, State of Florida

My Commission Expires:



H95000003635

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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 partnership 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 AFFLIANT 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: [Signature]
MICHAEL D. WOHL, President

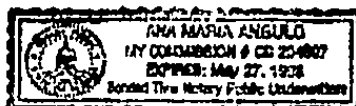
By: [Signature]
VICTOR ANGULO, Secretary

STATE OF FLORIDA)
COUNTY OF DADE) SS:

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: Tina Maria Angulo
Notary Public, State of Florida

My Commission Expires:



FILED
1995 MAR 30 AM 9:25
TALLAHASSEE, FLORIDA

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
Tallahassee, Florida
Division of Corporations
Investment Services Bureau

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

2665 SOUTH BAYSHORE DR
SUITE 202
COCONUT GROVE FL 33133

Principal Office Address

2665 SOUTH BAYSHORE DR.
SUITE 202
COCONUT GROVE FL 33133

If above addresses are in care of any entity, use through the entity information and enter correct address in Block 2a and 2b.

3. Date Formed or Registered to Do Business in
FLORIDA 03/30/1995

3a. Date of Last Report

4. State or County of Formation

FL

City, State & Zip

300001621668
-10/26/95--01104--016
****191.25 ****191.25

5a. Capital Contributions as Shown
on Record \$0.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FID Number

N/A

Applied For
First 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 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 \$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

WOHL, MICHAEL D
2665 SOUTH BAYSHORE DR.
SUITE 202
COCONUT GROVE FL 33133

10. If changed, new Registered Agent/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 620.102, 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)

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 AR- \$52.50 SF- \$138.75 10/25/95a	P95000020522

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 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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

DATE

10/4/95

Typed or Printed Name of General Partner Signing Form

Telephone Number