A950000584

J C HOUSING, INC.
P.O. BOX 369
BONITA SPRINGS, FLORIDA 33959-0369
813-992-6918

March 16, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary:

Enclosed please find a completed Certificate of Limited Partnership for Turtle Creek, LTD. The contact person in the matter will be Fred Davidson and can be reached at 813-992-6918. Our mailing address in which to mail all correspondence is:

Turtle Creek, LTD.
c/o C.L. Properties, Inc.
P.O. Box 369
Bonita Springs, FL 33959-0369

I have also enclosed a check for the filing fees.

FILED

Sincerely,

Fred Davidson

W95000006655

3/27/95
dcc

Dcc

A950000584

TURTLE MANAGEMENT, INC.
3575 BONITA BEACH ROAD
BONITA SPRINGS, FLORIDA 33923
(813) 992-8833
FAX (813) 992-6832

April 7, 1995

Diane Cushing
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Cushing:

Enclosed please find new affidavits of Capital Contributions for the following Limited Partnerships:

1. Turtle Park, LTD.
2. Turtle Creek, LTD.
3. Tortuga Investments, LTD.
4. Turtle Cove, LTD.
5. Cocoplum, LTD.

I believe that the forms have been executed correctly this time. The checks mailed to you earlier should be sufficient to cover the anticipated capital contributions.

If you need any more information, please call at the number listed above.

Sincerely,

Fred Davidson

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 27, 1995

FRED DAVIDSON
% C.L. PROPERTIES, INC.
P.O. BOX 369
BONITA SPRINGS, FL 33959-0369

SUBJECT: TURTLE CREEK, LTD.
Ref. Number: W95000006655

We have received your document for TURTLE CREEK, LTD. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can not accept unknown on the affidavit. We must have a specific amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 695A00013631

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Turtle Creek, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3575 Bonita Beach Road, Bonita Springs, FL 33923
(The Business Address of Limited Partnership)

3. Greg Erdman
(Name of Registered Agent for Service of Process)

4. 3575 Bonita Beach Road, Bonita Springs, FL 33923
(Florida Street Address for Registered Agent)

5. [signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. P.O. Box 369 Bonita Springs, FL 33959-0369
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2025

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

J C Housing, Inc.	3575 Bonita Beach Road, Bonita Springs
P95000020775	

Signed this 16 day of March, 1995.

Signature of all general partners:

General Partner
Charles J. Erdman, Jr., Pres.
J C Housing, Inc.

General Partner
Greg Erdman, Vice Pres.
J C Housing, Inc.

General Partner

General Partner

General Partner

FILED
95 MAR 17 AM 8:20

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Turtle Creek, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 100.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 1,000.00 .

This 6 day of April , 19 95 .

FURTHER AFFIANT SAYETH NOT.

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

General Partner
Charles J. Erdman, Jr., Pres.
J C Housing, Inc.

General Partner
Greg Erdman, Vice Pres.
J C Housing, Inc.

General Partner

General Partner

General Partner

General Partner

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

96 JAN -2 AM 10:51

LC 1/10

1. Name of Limited Partnership

TURTLE CREEK, LTD.

1a. DOCUMENT #
A95000000584

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

000001685830
-01/10/96--01159--009
****191.25 ****191.25

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
P.O. BOX 369 BONITA SPRINGS FL 33959-0369	3575 BONITA BEACH ROAD BONITA SPRINGS FL 33923

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
04/11/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS IS DESIRED
$1,000.00		65-0546267		$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
ERDMAN, GREG 3575 BONITA BEACH ROAD BONITA SPRINGS FL 33923	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

10a. Pursuant to the provisions of sections 620.1051 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) Greg Erdman DATE 12/28/95

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 Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
J C HOUSING, INC.	3575 BONITA BEACH ROA	BONITA SPRINGS FL 339	P95000020775

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 effect 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 Charles J. Erdman DATE 12/28/95

Typed or Printed Name of General Partner Signing Form CHARLES J. ERDMAN, JR. Telephone Number 941-992-8833

CR2E003 (6/95)

0011873

A95 000000584

Investigator's Name

Address

922-7306
City/State/Zip Phone #

Sonda

900001766619
-04/02/96--01088--003
*****52.50 *****52.50

900001766619
-04/02/96--01088--004
Office Use Only 50 *****52.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Turtle Creek, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 25 PM 1:13

Call When Ready

☐ Walk in ☒ Pick up time ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX _____
FILING 52.50
R. AGENT FEE 52.50
C. COPY 105.00
TOTAL _____
N. BANK _____
BALANCE DUE _____
REFUND _____

RECEIVED
96 MAR 25 PM 12:32
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 25 PM 1:13

3/25/96

Examiner's Initials	

CR2E031(1-95)

CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP OF

1. Name of limited partnership: Turtle Creek, Ltd.

2. Date of filing of Certificate of Limited Partnership: April 11, 1995.

3. Amendment:

   a. The name of the general partner is corrected to read J C Housing, Incorporated.

   b. The latest date upon which the limited partnership is to be dissolved is amended to December 31, 2036.

4. All other provisions of the original Certificate of Limited Partnership remain unchanged.

Signed this 22 day of March, 1996.

J C HOUSING, INCORPORATED
General Partner

By: _____
Charles J. Erdman, Jr.
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 25 PM 1:13

J:\D\30083D(1)

A95000000584

Sunda Parratt
Requestor's Name

[illegible]
Address

Tallahassee FL 32[illegible]
City/State/Zip

Phone # 222-7206

A95000000584

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

100001784471
-04/17/96--01094--004
***1750.00 ***1750.00

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED
96 APR 15 PM 11:41
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 15 PM 1:19

CR TAX _____
FILING 1.75
R. AGENT FEE _____
[illegible] _____
[illegible] 1.75
[illegible] _____
[illegible] DUE _____
[illegible] PAID _____

4/15/96

CR2E031(1.95)

Examiner's initials	
	hr

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned authority, personally appeared, Charles J. Erdman, Jr., who deposes and says:

1. I, Charles J. Erdman, Jr., am the President of J C Housing, Incorporated, the sole general partner of Turtle Creek, Ltd., a Florida limited partnership.

2. The total amount of capital contributions contributed and anticipated to be contributed by the limited partners is amended to $3,722,000.00.

Dated this 22 day of March, 1996.

By: Charles J. Erdman
Charles J. Erdman, Jr.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 15 PM 1:19

STATE OF FLA

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 22 day of March, 1996, by Charles J. Erdman, Jr..

DAVID L. COOK
MY COMMISSION # CC 220785 EXPIRES
August 10, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

Signature of Notary Public
State of Florida

DAVID L. COOK
Print, Type or Stamp Commissioned
Name of Notary Public

Personally Known ✓ OR Produced Identification _____.
Type of Identification Produced _____.

1*D\30083D(2)