_____ of _____

CAPITAL CONNECTION, INC.

117 E. Virginia St., Suite [illegible], Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box [illegible], Tallahassee, FL 32302
TOLL FREE [illegible] 2-806[illegible]
FAX (904) [illegible]

A95000000591

RE: Bengissa [illegible] Builders
[illegible] Limited Partnership

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 4/12/95

C. TAX _____
FILING 1750.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL $1,837.50
N. BANK _____
BALANCE DUE _____
REFUND _____

BK
4/12/95

	C.C. FEE	DISBURSED
_____ Capital Express℠		
_____ Art. of Inc. File		
_____ Corp. Record Search		
✓ Ltd. Partnership File		
_____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
✓ C U S - 95		
_____ 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 APR 12 AM 11:17

900001456349
-04/14/95--01021--002
***1837.50 ***1837.50

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____ _____ _____

TIME _____ CK No. _____

BY AAK

WALK IN
Will Pick Up 4-12 12W

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

WPM2411/11
040495

CERTIFICATE OF LIMITED PARTNERSHIP
OF
RENAISSANCE PARTNERS II LIMITED PARTNERSHIP

The undersigned general partner of Renaissance Partners II Limited Partnership, a Florida limited partnership (the "Partnership"), desiring to adopt this Certificate of Limited Partnership of the Partnership (the "Certificate"), pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act hereby states:

1. The name of the Partnership is Renaissance Partners II Limited Partnership.

2. The address of the office of the Partnership is c/o Renaissance Group, 330 Clematis Street, Suite 218, West Palm Beach, Florida 33401

3. The name and address of the office of the agent for service of process on the Partnership is David W. Frisbie, c/o Renaissance Group, 330 Clematis Street, Suite 218, West Palm Beach, Florida 33401.

P95000024174

4. The name and address of the office of the sole general partner of the Partnership is REN GP CORP., c/o Renaissance Group, 330 Clematis Street, Suite 218, West Palm Beach, Florida 33401.

5. The mailing address for the Partnership is c/o Renaissance Group, 330 Clematis Street, Suite 218, West Palm Beach, Florida 33401.

6. The latest date upon which the Partnership shall dissolve is June 30, 2004.

This Certificate is duly executed and is being filed in accordance with Section 620.108 of the Florida Revised Uniform Limited Partnership Act.

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

IN WITNESS WHEREOF, this Certificate has been executed by the sole general partner of Renaissance Partners II Limited Partnership this 7th day of April, 1995.

REN GP CORP., a Florida corporation
General Partner

By: _____
David W. Frisbie, President

AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned, David W. Frisbie, who is President of REN GP CORP., the sole general partner of Renaissance Partners II Limited Partnership, a Florida Limited Partnership, certifies:

1) The amount of capital contributions to date of the limited partners is $ -0-

2) The total amount contributed and anticipated to be contributed by the limited partners at this time totals $500,000.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 APR 12 AM 11:1

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts alleged are true to the best of my knowledge and belief.

Dated: April 7, 1995

REN GP CORP.
General Partner

By: _____
David W. Frisbie, President

95 APR 12 AM 11:17

STATE OF FLORIDA)
) ss.
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared David W. Frisbie, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of REN GP CORP., General Partner of said Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 7th day of April, 1995.

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES July 6, 1998
BONDED THRU NOTARY PUBLIC UNDERWRITERS

Brian M McDonnell
(Notary Signature)
BRIAN M. McDONNELL
Print Name

Personally known ✓ OR produced _____ as Identification.

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES July 6, 1998
BONDED THRU NOTARY PUBLIC UNDERWRITERS

BPR2611/16
040495

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

The following is submitted in accordance with the requirements of Chapter 620.192, Florida Statutes: Renaissance Partners II Limited Partnership has named David W. Frisbie, c/o Renaissance Group, 330 Clematis Street, Suite 218, West Palm Beach, Florida 33401, as its agent to accept service of process within this State.

FILED
95 APR 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT

Having been named to accept service of process for the above-stated limited partnership at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of Chapter 620.192, F.S., relative to keeping open said office. Dated this 7th day of April, 1995.

David W. Frisbie

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
95 DEC 28 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000591

RENAISSANCE PARTNERS II LIMITED PARTNERSHIP 96-AR
CM

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable
700001688697
Suite, Apt. #, etc. -01/05/96--01110--009
****576.25 ****576.25
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

Mailing Address	Principal Office Address
C/O RENAISSANCE GROUP 330 CLEMATIS STREET, SUITE 218 WEST PALM BEACH FL 33401	C/O RENAISSANCE GROUP 330 CLEMATIS STREET, SUITE 218 WEST PALM BEACH FL 33401

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
04/12/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$500,000.00		65-0573823

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

FRISBIE, DAVID W
C/O RENAISSANCE GROUP
330 CLEMATIS STREET, SUITE 218
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office
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) 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
REN GP CORP.	330 CLEMATIS STREET, Suite 218	WEST PALM BEACH FL 33401	P95000028179

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 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 REN GP CORP. BY: [signature] DATE 12/26/95

Typed or Printed Name of General Partner Signing Form David W. Frisbie, Director Telephone Number 407-832-6045

0006816