1201 Hays Street
Tallahassee, FL 32301
800-342-8086

A95000000609

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

FILED
95 APR 14 AM 11:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ACCOUNT NO. : 072100000032

REFERENCE : 579825 869010

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 140.00

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ORDER DATE : April 14, 1995

950000075346

ORDER TIME : 10:28 AM

ORDER NO. : 579825

RUSH WILL WAIT

CUSTOMER NO: 869010

CUSTOMER: Ms. Jennifer Connors - 86901q
PRENTICE HALL LEGAL &
FINANCIAL SERVICES, INC.
1 Biscayne Tower
2 South Biscayne Blvd, #1810
Miami, FL 33131

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DOMESTIC FILING

** RUSH WILL WAIT **

NAME: TIFFANY SQUARE RENTAL
APARTMENTS, LTD.

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

895A 00017252

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: _____

# CERTIFICATE OF LIMITED PARTNERSHIP
# OF
# TIFFANY SQUARE RENTAL APARTMENTS, LTD.

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. NAME.

The name of the Limited Partnership is:

TIFFANY SQUARE RENTAL APARTMENTS, LTD.

2. REGISTERED AGENT.

The name and address of the Registered Agent for the Limited Partnership is:

Greater Miami Neighborhoods, Inc.
1460 Brickell Avenue, Suite 309
Miami, Florida 33131

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TALLAHASSEE, FLORIDA

3. GENERAL PARTNERS.

The name and business addresses of the general partners are:

GMN-TIFFANY SQUARE, INC.
1460 Brickell Avenue, Suite 309
Miami, Florida 33131

P95000029137

LITTLE HAITI-TIFFANY SQUARE, INC.
181 N.E. 82nd Street
Miami, Florida 33138

P95000029040

4. MAILING ADDRESS.

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

1460 Brickell Avenue, Suite 309
Miami, Florida 33131

5. DISSOLUTION DATE.

The latest date upon which the Limited Partnership is to dissolve is December 31, 2040.

IN WITNESS WHEREOF, the General Partners have executed this Certificate of Limited partnership this 13 day of April, 1994.

GMN-TIFFANY SQUARE, INC.

By: A. Dominguez, V.P.
Agustin Dominguez, Vice President

LITTLE HAITI-TIFFANY SQUARE, INC.

By:
David Harder, President

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DIVISION OF CORPORATIONS
94 APR 14 AM 11:55

ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for **TIFFANY SQUARE APARTMENTS, LTD.**, a Florida limited partnership, and accepts all obligations imposed on it as such under Florida law.

Executed this 13 day of April, 1994.

GREATER MIAMI NEIGHBORHOODS, INC.

By: A. Dominguez, V.P.
Agustin Dominguez, Vice President

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DIVISION OF CORPORATIONS
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AFFIDAVIT

STATE OF FLORIDA )
) ss:
COUNTY OF DADE )

The undersigned as general partners of TIFFANY SQUARE APARTMENTS, LTD. ("Limited Partnership"), declare as follows:

The total of capital contributions of the limited partners of the Limited Partnership through this date is $1.00 and the anticipated future capital contributions of the limited partners to the Limited Partnership is $100.

GMN-TIFFANY SQUARE, INC.

By: _____
Agustin Dominguez, Vice President

LITTLE HAITI-TIFFANY SQUARE, INC.

By: _____
David Harder, President

STATE OF FLORIDA )
) ss:
COUNTY OF DADE )

The foregoing instrument was acknowledged before me this 13th day of April, 1995 by Agustin Dominguez as Vice President of GMN-TIFFANY SQUARE, INC., a Florida corporation, on behalf of the corporation. He is personally known to me OR has produced _____ as identification.

Name:_____
Commission No.:_____
Notary Public
State of Florida at Large

My commission expires:

RUSSELL ADAMS SIBLEY, JR.
Notary Public, State of Florida
My Comm. Expires Mar. 31, 1998
No. CC 366405
Bonded Thru Official Notary Service

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 11:55

STATE OF FLORIDA )
) ss:
COUNTY OF DADE )

The foregoing instrument was acknowledged before me this 13th day of April, 1995 by David Harder as President of LITTLE HAITI-TIFFANY SQUARE, INC., a Florida corporation, on behalf of the corporation. He is personally known to me OR has produced _____ as identification.

Name:_____
Commission No.:_____
Notary Public
State of Florida at Large

My commission expires:

RUSSELL ADAMS SIBLEY, JR.
Notary Public, State of Florida
My Comm. Expires Mar. 31, 1998
No. CC 366405
Bonded Thru Official Notary Service

MIA2-285794

**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
199

A95000000609

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 PM 12:40

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000609

TIFFANY SQUARE RENTAL APARTMENTS, LTD.

DO NOT WRITE IN THIS SPACE

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

| Mailing Address | Principal Office Address |
|---|---|
| 1400 BRICKELL AVENUE, SUITE 309<br>MIAMI FL 33131 | 1460 BRICKELL AVENUE, SUITE 309<br>MIAMI FL 33131 |

If above addresses are incorrect in any way, box through them, correct 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 |
|---|---|---|
| 04/14/1995 | | FL |

| 5a. Capital Contributions as Shown on Record | 5b. Amount of Capital Contributions in FLORIDA to date | 6. If Limited | 7. CERTIFICATE OF STATUS REQUIRED |
|---|---|---|---|
| $100.00 | $ 100.00 | | X Applied For<br>Not Applicable<br>$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 |
|---|---|
| GREATER MIAMI NEIGHBORHOODS, INC.<br>1460 BRICKELL AVENUE, SUITE 309<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>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 |
|---|---|---|---|
| GMN-TIFFANY SQUARE, INC. | 1460 BRICKELL AVENUE, | MIAMI FL 33131 | P95000029137 |
| LITTLE HAITI-TIFFANY SQUARE, | 181 N.E. 82ND STREET | MIAMI FL 33138 | P95000029040 |

300001687353
-01/12/96--01025--016
****200.00 ****200.00

cus/RWM

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] AFFORDABLE HOUSING, PARTNER DATE 12/26/95

Typed or Printed Name of General Partner Signing For AGUSTIN DOMINGUEZ, PRESIDENT Telephone Number (305) 374-5503

0001574