

A95000000694

05-02-1995 02:31PM FROM: FOLEY & LANDWEHR TO: 919049224(X) P.02

PUBLIC ACCESS SYSTEM
((H95000004915)) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: FOLEY & LANDWEHR
DEPARTMENT OF STATE 200 LAURA ST
STATE OF FLORIDA JACKSONVILLE FL 32202-
409 EAST GAINES STREET CONTACT: KAREN PETERSON
TALLAHASSEE, FL 32399 PHONE: (904) 389-2000
FAX: (904) 922-4000 FAX: (904) 389-8700
((H95000004915)) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: SUPERIOR MORTGAGE PARTNERS
FAX AUDIT NUMBER: H95000004915 CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/02/1995 TIME REQUESTED: 14:19:50
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$796.25 ACCOUNT NUMBER: 072720000061

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((H95000004915))
** ENTER 'M' FOR MENU. **

R95000001194

5.2.95a

55 MAY 2 PM 3:17

05-02-1995 02:31PM FROM FOLEY/LARDNER/JMX

TO

919049224000 P.01

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-0820
TELEPHONE (904) 859-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Karen Paterson

FAX NO.: (904) 359-8700

DATE: May 2, 1995

TIME: 2:28pm

NO. OF PAGES (including this page): 5

MESSAGE:

OPERATOR:

FILE NO.: 21837/124

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PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

95 MAY -4 PM 3-18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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A95000000694

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
SUPERIOR MORTGAGE PARTNERS, LTD.**

The undersigned, being the general partner of Superior Mortgage Partners, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.108, the following as its Certificate of Limited Partnership:

1. Name. The name of the partnership is Superior Mortgage Partners, Ltd.
2. Address. The mailing address and street address of the partnership are both as follows:

~~255 Alhambra Circle~~
~~Coral Gables, FL 33134~~

150 South Pine Island Rd.
Suite 105
Plantation, Florida 33324

3. Registered Agent. The name and address of the agent for service of process is as follows:

Dennis J. Getman
255 Alhambra Circle
Coral Gables, FL 33134

4. General Partners. The name and business address of each general partner is as follows:

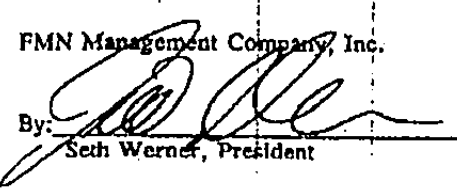
FMN Management Company, Inc.
150 South Pine Island Road
Suite 500
Plantation, FL 33324

5. Termination. The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040:

This Certificate of Limited Partnership of Superior Mortgage Partners, Ltd., has been executed in accordance with Section 620.114 on the 12th day of April, 1995. By such execution, the general partner whose signature is set forth below hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER

FMN Management Company, Inc.

By: 

Seth Werner, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H95000004915

05-02-1995 02:32PM FROM FOLEY/LARDNER/JFK

TO

919049224000 P.04

Fax Audit No. H95000004915

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for Superior Mortgage Partners, Ltd., at the place designated in the above Certificate of Limited Partnership, I hereby agree to act in this capacity; and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

AGENT

By:

Dennis J. Getman
Dennis J. Getman

Date: *April 18, 1995*

95 MAY -2. PM 3:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Fax Audit No. H95000004915

A95000000694

05-01-1995 02:11:50 FROM: FILING OFFICE 10 TO 010400000000 P.02

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DEPARTMENT OF STATE 200 LAURA ST
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TALLAHASSEE, FL 32399 PHONE: (904) 359-2000
FAX: (904) 922-4000 FAX: (904) 359-8700
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R950000001194

15.2 9500

55117-2 PM 3:17

05-02-1995 02:31PM FROM: FOLEY&LARDNER/JFK

TO

9190492240XX P.01

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POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-3520
TELEPHONE (904) 259-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
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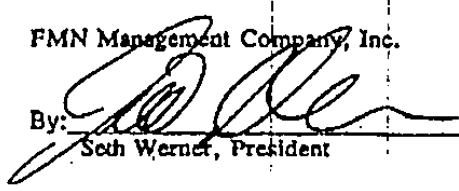
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By: 

Seth Werner, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
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By: *Dennis J. Getman*
Dennis J. Getman

Date: *April 18, 1995*

95 MAY -2 PM 3:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Fax Audit No. H95000004915

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
Capital Markets
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 27 AM 11:31

1. Name of Limited Partnership
DOCUMENT #
A95000000694

SUPERIOR MORTGAGE PARTNERS, LTD.

Mailing Address
150 SOUTH PINE ISLAND RD.
SUITE 100
PLANTATION FL 33324

Principal Office Address
150 SOUTH PINE ISLAND RD.
SUITE 100
PLANTATION FL 33324

If above addresses are in error in any way, file through this correct information and enter correct address on back of 2 and/or 2b.

3. Date Formed or Registered in Business in
FLORIDA
05/02/1995

3a. Date of Last Report

4. State or Country of Completion
FL

5a. Capital Contributions in Dollars
(as Reported)
\$99,500.00

5b. Amount of Capital Contributions in
FLORIDA in dollars
1000

6. FEI Number
65-0574285

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
Is this Amendment 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).
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.
Note: MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

GETMAN, DENNIS J
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Accepted)

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.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

FMN MANAGEMENT COMPANY, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

150 SOUTH PINE ISLAND

11b. City, State & Zip Code

PLANTATION FL 33324

11c. Registration/
Document Number

P95000028027

600001679426
-01/05/96--01007--006
****191.25 ****191.25

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 620.1051, Florida Statutes. I understand the Division of Corporations, from any liability, in connection with this filing. I have read the information supplied, and I understand the information supplied is deemed correct and true. I further certify that the information indicated on this annual report is true and accurate and that my signature has been the same legal effect as if made under oath. I am a General Partner of this limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Leslie Carlson Senior V.P. FMN Management Co. Inc. 12-14-95
305-452-0000

0002567

CR2E003 (6/95)