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A95000000833

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CT CORPORATION SYSTEM
Requestor's Name
660 EAST JEFFERSON STREET
Address
TALLAHASSEE FL 32301 222-1092
City State Zip Phone

SOOOOO1481165
-05/09/95--01091--042
*****87.50 *****87.50

CORPORATION(S) NAME

Trafalgar Associates of Aventura, Ltd.

( ) Profit
( ) NonProfit
( ) Limited Liability
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
(X) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
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CR2E031 (1-89)

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
TRAFALGAR ASSOCIATES OF AVENTURA, LTD.
A FLORIDA LIMITED PARTNERSHIP

Pursuant to the provision of the Uniform Limited Partnership Act of the State of Florida, the undersigned general partner of Trafalgar Associates of Aventura, Ltd., a Florida limited partnership being first duly sworn does hereby state that:

1. Name. The name of the limited partnership is: Trafalgar Associates of Aventura, Ltd.

2. Principal Place of Business. The location and address of the principal place of business of the partnership is: 275 Fontainebleau Blvd., Ste 200, Miami, Florida 33172-4574. This is also the partnership's mailing address.

3. Registered Agent. The name and address of the agent for service of process required to be maintained by section 620.105, Florida Statutes is: Ramon R. Cacicedo, Jr., Esq., 275 Fontainebleau Blvd., Ste 195, Miami, Florida 33172-4574.

P95000036670

4. General Partner. The name and address of the sole general partner is: Trafalgar Associates of Aventura, Inc., a Florida corporation, 275 Fontainebleau Blvd., Ste 200, Miami, Florida 33172-4574.

5. Duration. The partnership is to commence on the date of the filing of this Certificate of Limited Partnership in the office of the Secretary of State of Florida, and is to continue until May 1, 2035, unless sooner terminated in accordance with the partnership agreement.

6. Limited Partner Capital Contribution. The limited partners have contributed the sum of $100 to the partnership and shall not be obligated to make any further contribution.

7. Power of General Partner. The General Partner is hereby authorized to conduct the business of the partnership as it, in its sole and absolute discretion deems appropriate, without the approval of any other partner. Specifically, and not by way of limitation, the General Partner is empowered, designated, and authorized, without the approval of any other partner, to borrow money on behalf of the partnership, and to convey property owned by the partnership.

IN WITNESS WHEREOF, the General Partner has executed this Certificate of Limited Partnership this the 8th day of May, 1995.

GENERAL PARTNER:

Trafalgar Associates of Aventura, Inc., a Florida corporation

By: _____
Ramon R. Cacicedo, President

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DIVISION OF CORPORATIONS
95 JUN -1 PM 12:13

STATE OF FLORIDA
COUNTY OF DADE

Sworn to and subscribed before me this 8th day of May, 1995 by Ramon R. Cacicedo the President of Trafalgar Associates of Aventura, Inc., a Florida corporation, the General Partner of Trafalgar Associates of Aventura, Ltd., a Florida limited partnership, on behalf of the corporation and the limited partnership, well known to me and who took an oath.

_____
Notary Public, State of Florida

NOTARY PUBLIC STATE OF FLORIDA
MARIANELLA HERNANDEZ
My Comm Exp. 8/02/96
Bonded By Service Ins
No. CC219181
Personally Known ( ) Other I.D.

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DIVISION OF CORPORATIONS
95 JUN -1 PM 12:13

AFFIDAVIT

RE: TRAFALGAR ASSOCIATES OF AVENTURA, LTD., a Florida Limited Partnership

State of Florida
County of Dade

Before me, the undersigned authority, personally appeared Ramon R. Cacicedo, the President of Trafalgar Associates of Aventura, Inc., a Florida corporation, the General Partner of Trafalgar Associates of Aventura, Ltd., a Florida limited partnership (the "Partnership"), after being duly sworn deposes and says:

The limited partners of the Partnership have contributed the sum of $100 to the partnership and shall not be obligated to make any further contribution.

Ramon R. Cacicedo

Sworn to and subscribed before me this 8th day of May, 1995 by Ramon R. Cacicedo well known to me and who took an oath.

Notary Public, State of Florida

NOTARY PUBLIC STATE OF FLORIDA

MARIANELLA HERNANDEZ
My Comm Exp. 8/02/96
Bonded By Service Ins
No. CC219181

[X] Personally Known [ ] Other I.D.

A95000000833

OFFICE USE ONLY (Document #)

Trafalgar Associates of Aventura, Ltd.
(Requestor's Name)

275 Fontainebleau Blvd., Ste. 200
(Address)

Miami, FL 33172-4574
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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TALLAHASSEE, FLORIDA

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

A95000000833

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
X	Amendment Supplemental affidavit increasing to $6,990,000.00
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name Availability

600001688736
-01/12/96--01095--008
***1750.00 ***1750.00

C. TAX _____
FILING 1750.00
R _____
C _____
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_____
RETURN _____

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W. P. Verifyer DCC

Examiner's Initials	

CR2E031(9/92)

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

RE: Trafalgar Associates of Aventura, Ltd.

State of Florida
County of Dade

I, Jose Antero Gonzalez, being a Vice President of Trafalgar Associates of Aventura, Inc., the only General Partner of Trafalgar Associates of Aventura, Ltd., a Florida limited partnership, who executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $ 6,980,000.00.

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96 JAN 11 PM 2:40
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TALLAHASSEE, FLORIDA

Dated on November 25, 1995.

Further affiant sayeth not.

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

Jose Antero Gonzalez, Vice President of Trafalgar Associates of Aventura, Inc., a Florida corporation the sole General Partner of Trafalgar Associates of Aventura, Ltd., a Florida limited partnership

Sworn to and subscribed before me November 25, 1995 by Jose Antero Gonzalez who produced his driver's license as identification and who took an oath.

Notary Public, State of Florida

NOTARY PUBLIC STATE OF FLORIDA
MARIANELLA HERNANDEZ
My Comm Exp. 8/02/96
Bonded By Service Ins
No. CC219181
[ ] Personally Known [ ] Other I.D.

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

MITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

ame of Limited Partnership

1a. DOCUMENT #
A95000000833

FALGAR ASSOCIATES OF AVENTURA, LTD.

Address
TAINEBLEAU BLVD., STE. 200
., 33172-4574

Principal Office Address
275 FONTAINEBLEAU BLVD., STE. 200
MIAMI FL 33172-4574

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

ddresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

ate Formed or Da to Do Business in ORIDA
06/01/1995

3a. Date of Last Report

4. State or Country of Formation
FL

Capital Contributions as Shown on Record
$100.00

5b. Amount of Capital Contributions in FLORIDA to date
6,980,000

6. FEI Number
65-0595508

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$8.75 Additional Fee required for a Certificate of Status

EES: 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.)
MOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($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
HECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

ICEDO, RAMON R JR.,ESQ
FONTAINEBLEAU BLVD., STE. 200 195
MI FL 33172-4574

10. If changed, new Registered Agent/Office

Name

Street address (P.O. Box Number is Not Acceptable) STE 195

Suite Apt # etc

City FL Zip Code

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.

URE (Registered Agent Accepting Appointment) DATE 9-11-95

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

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
LFALGAR ASSOCIATES OF AVEN	275 FONTAINEBLEAU BLV	MIAMI FL 33172	P95000036870

600001688746
-01/12/96--01097--004
****576.25 ****576.25

96 ar dec

CR2E003 (6/95)

e: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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.

NATURE DATE 12-11-95

e Printed Name of General Partner Signing Form JOSE ANTONIO ORLANDI Telephone Number 305-223-3224

0006197