A95000000837

Spanish Wells Land Inc.
28000 Spanish Wells Drive
Bonita Springs, FL 33923

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

000001502350
-05/31/95--01090--001
****113.75 ****113.75

Re: Spanish Wells Properties Limited Partnership

Ladies and Gentlemen:

Enclosed is certificate of limited partnership and affidavit of capital contributions for the referenced partnership, and check for $113.75 computed as follows:

filing fee	$ 70.00
fee for designation of registered agent	35.00
fee for certificate evidencing filing	8.75
	$113.75

FILED
1995 MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please provide a certificate evidencing filing.

Thank you for your attention.

Very truly yours,

David A. McArdle

Same as 840719

Name Availability
Document Examiner
Updater
W. P. Verifyer

A95000000837

$10.00 CK

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Spanish Wells Properties Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 28000 Spanish Wells Drive, Bonita Springs, Florida 33923
(The Business Address of Limited Partnership)

3. Spanish Wells Land Inc., a Delaware corporation
(Name of Registered Agent for Service of Process)

4. 28000 Spanish Wells Drive, Bonita Springs, Florida 33923
(Florida Street Address for Registered Agent)

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1995 MAY 30 AM 10 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. Spanish Wells Land Inc. By: DAM [signature] its president
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 28000 Spanish Wells Drive, Bonita Springs, Florida 33923
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12-31-2015.

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

Spanish Wells Land Inc., a Delaware corporation	28000 Spanish Wells Drive Bonita Springs, Florida 33923
F95000000343	

Signed this _____ day of May, 1995.
Signature of all general partners:

Spanish Wells Land Inc.
General Partner
by _____
David A. McArdle, its president

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

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1995 MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

Spanish Wells Properties Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 10,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 10,000.

This _____ day of May, 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.

FILED
1995 MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Spanish Wells Land Inc.
General Partner

by _____
David A. McArdle, its president

General Parnter

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
95 OCT 16 PM 1:58

1. Name of Limited Partnership

1a. DOCUMENT # A95000000837

SPANISH WELLS PROPERTIES LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address
28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923

Principal Office Address
28000 SPANISH WELLS DRIVE
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

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc. ****208.75 ****208.75

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 05/30/1995

3a. Date of Last Report: N/A

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $10,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $10,000.00

6. FEI Number: 65-0610474

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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

SPANISH WELLS LAND INC.
28000 SPANISH WELLS DRIVE
BONITA SPRINGS FL 33923

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
SPANISH WELLS LAND INC.	28000 SPANISH WELLS D	BONITA SPRINGS FL 339	F95000000343

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

Typed or Printed Name of General Partner (See Block 11 Above) Spanish Wells Land, Inc.
Thomas J. Kelly, Secretary

DATE 9-27-95

Telephone Number (813) 992-5529

CR2E003 (6/95)

0008015