1201 Hays Street
Tallahassee, FL 32301
904-[illegible]
[illegible]

800-342-8086

A95000000842

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

95 JUN -2 AM 11:56
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 608979 9623A

AUTHORIZATION :

COST LIMIT : 9 PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 2:39

ORDER DATE : June 2, 1995

ORDER TIME : 10:24 AM

ORDER NO. : 608979

CUSTOMER NO: 9623A

000001500884O
-06/08/95--01045--002
****787.50 ****787.50

CUSTOMER: Jerrold Stern, Esq
JERROLD STERN, ESQ

P.o. Box 112

Sanibel, FL 33957

DOMESTIC FILING

NAME: SUNSHINE ISLAND INN, LTD.

C. TAX
FILING 700.00
R. AGENT FEE 35.00
. COPY 52.50
OTAL 787.00
. BANK
BALANCE DUE
FFIIND

_____ ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

6/2/95

BR

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DIVISION OF CORPORATIONS
95 JUN -2 PM 2:39

CERTIFICATE OF LIMITED PARTNERSHIP OF
SUNSHINE ISLAND INN, LTD.,

A Florida Limited Partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is SunshineIsland Inn, Ltd.

2. The address of the office of the Partnership is 642 East Gulf Drive, Sanibel, Florida 33957.

3. The name and address of the agent for service of process on the Partnership is Peter Carlson, at 1876 Ardsley Way, Sanibel, Florida 33957.

4. The name and business address of the sole general partner is Sunshine Island Inn, Inc., 1876 Ardsley Way, Sanibel, Florida 33957. P95000042404

5. The mailing address of the Partnership is 642 East Gulf Drive, Sanibel, Florida 33957.

6. The latest date upon which the Partnership shall dissolve is June 1, 2020.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Sunshine Island Inn, Ltd., this 31 day of May, 1995.

General Partner:

Sunshine Island Inn, Inc.

By: _____
Peter Carlson
Secretary/Treasurer

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DIVISION OF CORPORATIONS
95 JUN -2 PM 2:39

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Peter Carlson, Secretary and Treasurer of Sunshine Island Inn, Inc., the sole general partner of Sunshine Island Inn, Ltd. (the "Partnership"), who, upon being duly sworn certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, Ninety Thousand and No/100---($90,000.00) Dollars.

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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

Dated: May 31st 1995

Peter Carlson

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Peter Carlson, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged the foregoing Affidavit of Capital Contributions, and he acknowledged to me that he executed this Affidavit as Secretary/Treasurer of Sunshine Island Inn, Inc., sole General Partner of Sunshine Island Inn, Ltd.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 31st day of May, 1995.

Michelle Landl
Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
MICHELLE ANN LANDL
COMMISSION NUMBER
CC275373
MY COMMISSION EXP.
APR. 8,1997

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for Sunshine Island Inn, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

Registered Agent:

Peter Carlson
1876 Ardsley Way
Sanibel, FL 33957

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DIVISION OF CORPORATIONS
95 JUN -2 PM 2:39

SCHEDULE "A"

General Partner Interest	Capital Contribution	Percentage Interest
Sunshine Island Inn, Inc.	$10,000.00	2%
Limited Partners		
Barbara Carlson	$45,000.00	49%
Peter Carlson	$45,000.00	49%
TOTAL.....	$100,000.00	100%

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
96 MAR 29 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

SUNSHINE ISLAND INN, LTD.

1a. DOCUMENT #
A95000000842

DO NOT WRITE IN THIS SPACE

Mailing Address
642 EAST GULF DRIVE
SANIBEL ISLAND FL 33957

Principal Office Address
642 EAST GULF DRIVE
SANIBEL ISLAND FL 33957

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Item 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.
City, State & Zip

3. Date Formed or Registered To Do Business in FLORIDA: 06/02/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $90,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 65-05,98004

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

OC 3-29

9. Name and Address of Current Registered Agent

CARLSON, PETER
1876 ARDSLEY WAY
SANIBEL FL 33957

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 (Certified Copy, Post Office Box Not Acceptable)	11b. City, State & Zip Code	11c. Registration/ Document Number
SUNSHINE ISLAND INN, INC.	1876 ARDSLEY WAY	SANIBEL ISLAND FL 339	P95000042404

700001782227
-03/29/96--01027--002
****576.25 ****576.25

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 Barbara Carlson Pres.

DATE 12/28/95

Typed or Printed Name of General Partner Signing Form BARBARA CARLSON

Telephone Number 941 472-2884

0011868