CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
T.L.L. Phone No. 800-342-8062
(904) 222-1222

A95000000882

NAME _____
FIRM _____
ADDRESS _____

PHONE ( ) _____

Service: Top Priority ____ Regular ____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

C. TAX
FILING 70.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 157.50
N. BANK
BALANCE DUE
REFUND

REQUEST TAKEN CONFIRMED APPROVED

DATE _____ _____ _____

TIME _____ _____ CK No. _____

BY JW _____ _____

WALK-IN
Will Pick Up GB _____

11-2529-7 FONDER'S INC., THOMASVILLE, GA.

_____ of _____

RE: Nevada IV Mobl, Ltd

FEE DISBURSED

_____ Art. of Inc. File
_____ Corp. Record Search
✓ Ltd. Partnership File
_____ Foreign Corp. File
_____ ( ) Cert. Copy(s)

_____ Art. of Amend. File
_____ Dissolution/Withdrawal
_____ C U S-
_____ Fictitious Name File

_____ Name Reservation
_____ Annual Report/Reinstatement
_____ Reg. Agent Service
_____ Document Filing

_____ Corporate Kit
_____ Vehicle Search
_____ Driving Record
_____ Document Retrieval

_____ UCC 1 or 3 File
_____ UCC 11 Search
_____ UCC 11 Retrieval
____ ____ File No.'s, ____ Copies
_____ Courier Service _____
_____ Shipping/Handling
_____ Phone ( )
_____ Top Priority _____
_____ Express Mail Prop. _____
_____ FAX ( ) pgs.

SUBTOTALS _____

95 JUN 13 AM 10:33
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

600001514136
-06/15/95--01054--025
****157.50 ****157.50

95 JUN 13 AM 10:01
RECEIVED
DIVISION OF CORPORATIONS

FEE $ _____
DISBURSED $ _____
SURCHARGE $ _____
TAX on corporate supplies $ _____
SUBTOTAL $ _____
PREPAID $ _____
BALANCE DUE $ _____
_____ $ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:33

CERTIFICATE OF LIMITED PARTNERSHIP
OF

VARADERO IV MOTEL, LTD.

1. VARADERO IV MOTEL, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1111 Lincoln Road, #800, Miami Beach, FL 33139
(The Business Address of Limited Partnership)

3. Michael B. Werner
(Name of Registered Agent for Service of Process)

4. 1111 Lincoln Road, #800, Miami Beach, FL 33139
(Florida Street Address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 1111 Lincoln Road, #800, Miami Beach, FL 33139
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is June 1, 2045.

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
P95000039891	
VARADERO IV, INC.	1111 Lincoln Road, #800 Miami Beach, FL 33139

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:33

Signed this 1st day of June, 1995.

Signature of all general partners:

VARADERO IV, INC., gen'l ptr.

BY: _____
General Partner
Michael B. Werner, President

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:33

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of VARADERO IV MOTEL, LTD, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 9,900.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 9,900.

This 1st day of June, 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.

VARADERO IV, INC., ge 'l ptr.

By: _____
General Partner
Michael B. Werner, 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

FILED
1995 OCT 11 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. VARADERO IV MOTEL, LTD.

1a. DOCUMENT # A95000000882

Mailing Address:
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

Principal Office Address:
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

-10/18/95--01085--028
*******208.05 ****208.05**

3. Date Formed or Reg'stered to Do Business in FLORIDA: 06/13/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $9,900.00

5b. Amount of Capital Contributions in FLORIDA to date: $9,900.00

6. FEI Number: 65-0587307

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED XX
$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

WERNER, MICHAEL B
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

10. If changed, new Registered Agent/Office

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 620.102, 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.

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
VARADERO IV, INC.	1111 LINCOLN ROAD, #800	MIAMI BEACH FL 33139	P95000039891

AR - $69.30
SF - $138.75

10-13-95

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/We 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: By: VARADERO IV, INC. General Partner
Michael B. Werner, President

DATE 9/28/95

Typed or Printed Name of General Partner Signing Form: Varadero Iv, Inc.

Telephone Number: (305)538-8558

0001975