

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171  
904-222-1011

800-342-8086



**A9500000892**

95 JUN 13 AM 11:43

DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 616614 5801A

AUTHORIZATION :

COST LIMIT : \$ PPD

900001514159  
-06/15/95--01069--005  
\*\*\*\*140.00 \*\*\*\*140.00

ORDER DATE : June 13, 1995

ORDER TIME : 11:20 AM

ORDER NO. : 616614

CUSTOMER NO: 5801A

CUSTOMER: Peter J. Gravina, Esq  
PAVESE GARNER HAVERFIELD  
DALTON HARRISON & JENSEN

1833 Hendry Street  
Fort Myers, FL 33901

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DIVISION OF CORPORATIONS  
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DOMESTIC FILING

NAME: SAFETY HARBOR MANAGEMENT  
COMPANY, LTD.

ARTICLES OF INCORPORATION  
XXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrene Randolph

EXAMINER'S INITIALS:

900001514159  
-06/15/95--01069--006  
\*\*\*\*17.50 \*\*\*\*17.50

G. TAX	70.00
FILING	25.00
R. AGENT FEE	52.50
G. COPY	157.50
TOTAL	
BALANCE DUE	
REFUND	

6/13/95  
BR

SAFETY HARBOR MANAGEMENT COMPANY, LTD.  
LIMITED PARTNERSHIP CERTIFICATE

S.S. RESORT MANAGEMENT L.C., a Florida Limited Liability Company  
as General Partner, and SOUTH SEAS RESORTS COMPANY LIMITED  
PARTNERSHIP, an Ohio limited partnership, as Limited Partner  
formed SAFETY HARBOR MANAGEMENT COMPANY, LTD. pursuant to the  
provisions of the Limited Partnership Law of the State of Florida  
authorizing the formation of the same, hereby certify and state  
as follows:

1. That the name of the limited partnership is SAFETY  
HARBOR MANAGEMENT COMPANY, LTD.
2. That the location of the principal place of business is  
in the City of Fort Myers, County of Lee and State of Florida,  
with a mailing address of 12800 University Drive, Suite 350, Fort  
Myers, Florida 33907. That the agent for service is Timothy  
Bogott, 12800 University Drive, Suite 350, Fort Myers, Florida  
33907.

3. That the name and place of residence of each general  
partner being respectively designated is as follows:

General Partner	Residence
S.S. Resort Management L.C. a Florida limited liability company	12800 University Drive Suite 350 Fort Myers, FL 33907

4. That the term for which the partnership is to exist is  
until December 31, 2044.

5. The principal purpose of the Partnership is to own,  
operate, manage and lease a hotel property in Safety Harbor,  
Florida or otherwise dispose of real property and personal

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property, either directly or indirectly, and to take any action incidental thereto. The Partnership shall have the power and authority to incur indebtedness, to invest Partnership funds, to enter into joint ventures and into leases for the subject property, partnerships, and other business arrangements in order to achieve the purposes of the Partnership, and shall have all other rights and powers not expressly prohibited to Limited Partnerships under the laws of the State of Florida.

IN WITNESS WHEREOF, we have hereunto set our hands and seals at Fort Myers, Florida this 12th day of June, 1995.

Witnessed By As To  
General Partner:

S.S. RESORT MANAGEMENT L.C., a  
Florida Limited Liability Company

Deborah Barnes  
Witness

By: Timothy Bogott, President

Jan Barnes  
Witness

STATE OF FLORIDA  
COUNTY OF LEE

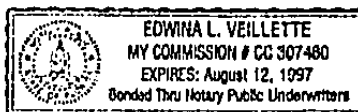
S.S.

TIMOTHY BOGOTT, President of RESORT MANAGEMENT L.C., a Florida Limited Liability Company, being duly sworn, deposes and says: That the foregoing Limited Partnership Certificate for SAFETY HARBOR MANAGEMENT COMPANY, LTD. was executed by all of the parties set forth in the foregoing Certificate, including Affiant, who executed said Certificate as a General Partner thereof; and that all of the things and matters set forth in the foregoing Certificate are true and correct and that said agreement was executed by all of the parties thereto for the uses and purposes therein set forth.

DATED this 12th day of June, 1995.

Edwina L. Veillette  
Notary Public

My Commission Expires



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ACCEPTANCE OF REGISTERED AGENT

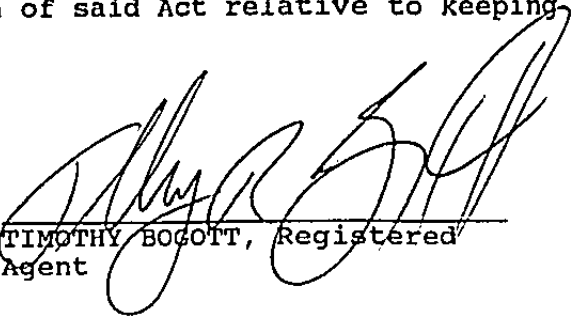
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance, with said Act:

First -- That SAFETY HARBOR MANAGEMENT COMPANY, LTD., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at City of Fort Myers, County of Lee, State of Florida, has named TIMOTHY BOGOTT located at 12800 University Drive, Suite 350, Fort Myers, Florida 33907, City of Fort Myers, County of Lee, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENTS:

Having been named to accept service of process for the above-stated limited partnership, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office

By:

  
TIMOTHY BOGOTT, Registered  
Agent

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared TIMOTHY BOGOTT, as President of <sup>S.S.</sup> RESORT MANAGEMENT, L.C., a Florida Limited Liability Company, general partner of SAFETY HARBOR MANAGEMENT COMPANY, LTD. a Florida limited partnership, hereinafter referred to as the "Partnership" who certifies as follows:

1. The amount of capital contributions of the limited partner is \$ 1,000.00.

2. The anticipated amount of the capital contributions of the limited partners is currently in the amount of less than \$ 10,000.00.

This 12<sup>th</sup> day of June, 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.

S.S. RESORT MANAGEMENT, L.C. a  
Florida Limited Liability  
Company

By:   
TIMOTHY BOGOTT, President

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared TIMOTHY BOGOTT, President of RESORT MANAGEMENT, L.C. a Florida

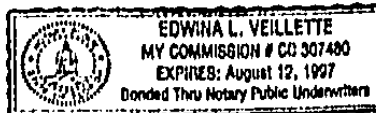
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Limited Liability Company, General Partner, who is personally known to me, and who executed the foregoing Affidavit of Capital Contributions, and has acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereto set my hand and affixed my official seal in the State and County aforesaid this 12th day of June, 1995.

Edwina L. Veillette  
Notary Public

My Commission Expires:



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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  
Tosha Madsen  
Secretary of State  
DIVISION OF CORPORATIONS

FIL 510  
95 JUN -3 11 3 21

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TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000892

SAFETY HARBOR MANAGEMENT COMPANY, LTD.

Mailing Address  
12000 UNIVERSITY DRIVE, SUITE 350  
FORT MYERS FL 33907

Principal Office Address  
12000 UNIVERSITY DRIVE, SUITE 350  
FORT MYERS FL 33907

If above addresses are correct in any way, the filer agrees to certify, informants and order correct address in Block 2 and/or 2a.

3. Date Formed or Registered 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 Report  
\$10,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. Filer Number

Applied For  
☒ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
\$0.75 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. \$136.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$136.75) AND NO MORE THAN \$576.25 (\$437.50 + \$136.75)  
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

BOGOTT, TIMOTHY  
12800 UNIVERSITY DRIVE, SUITE 350  
FORT MYERS FL 33907

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
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, is changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I, the undersigned, am familiar with and accept the obligations of section 620.102, Florida Statutes.

I declare, submit this statement  
of the appointment of registered

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)

S.S. RESORT MANAGEMENT L.C.

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

12800 UNIVERSITY DRIV

11b. City, State & Zip Code

FORT MYERS FL 33907

11c. Registration  
Document Number

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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)(k), Florida Statutes. I request the Division of Corporations from any liability of civil or criminal nature 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 the signature shall have the same legal effects as if made by the filer. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report.

SIGNATURE

DATE

12/29/95

Typed or Printed Name of General Partner Signing Form

ROBERT M. TAYLOR, CLP/MIN

Telephone Number

SS RESORT MGMT

0003550

CR2E003 (6/95)