

A9500000972

LAW OFFICES

ENGLISH, McCAUGHAN & O'BRYAN, P.A.

100 NORTHEAST THIRD AVENUE, SUITE 1100
FORT LAUDERDALE, FLORIDA 33301-1146
MAILING ADDRESS:
P.O. BOX 14098

FORT LAUDERDALE, FLORIDA 33308-4098

TELEPHONE (308) 462-3300
FROM MIAMI (305) 247-1062
FACSIMILE (308) 763-2430

BOCA RATON OFFICE

40 SOUTHEAST FIFTH STREET
SUITE 408
BOCA RATON, FLORIDA 33432-6090

TELEPHONE (407) 391-8888
FACSIMILE (407) 391-8844

Juno 22, 1995

VIA FEDERAL EXPRESS

State of Florida
Division of Corporations
Limited Partnership Section
409 East Gaines Street
Tallahassee, Florida 32399

Re: Handloy Apartments, Ltd.

300001522613
-06/26/95--01020--001
*****87.50 *****87.50

Dear Sir or Madam:

Enclosed please find, in duplicate original, a Certificate of Limited Partnership, Acceptance of Designation as Registered Agent and Affidavit of Capital Contributions for the formation of Handloy Apartments, Ltd.

Also enclosed is a check in the amount of \$87.50 to cover the following fees:

Filing Fee	\$	52.50
Registered Agent Designation	\$	35.00

If the enclosed documents meet with your approval, please record same and return the acknowledged, filed copy in the self-addressed Federal Express envelope provided.

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

Patrice A. Hunter

Patrice A. Hunter
Corporate Paralegal

le/28/95aw

/pah
Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 JUN 23 PM 2:01

FILED

HANDLEY APARTMENTS, LTD.
CERTIFICATE OF LIMITED PARTNERSHIP

A9500000972

FILED
1995 JUN 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 620.108, Florida Statutes, the undersigned persons desiring to form a limited partnership, do hereby swear and affirm as follows:

1. The name of the Limited Partnership is HANDLEY APARTMENTS, LTD.

2. The office of the Limited Partnership is at 22112 Palms Way, #201, Boca Raton, Florida 33433 and the name and address of the agent for service of process is Jonathan J. Lichtman, 100 N.E. 3rd Avenue, Suite 1100, Fort Lauderdale, Florida 33301.

3. The name and business address of the General Partner is:

HL Apartments, Inc.
22112 Palms Way, #201
Boca Raton, FL 33433

4. The mailing address of the Limited Partnership is 22112 Palms Way, #201, Boca Raton, FL 33433.

5. The latest date upon which the Limited Partnership is to dissolve is 30 years from the date of the recording of this Certificate.

IN WITNESS WHEREOF, the parties have executed this Certificate as of JULY 22, 1995.

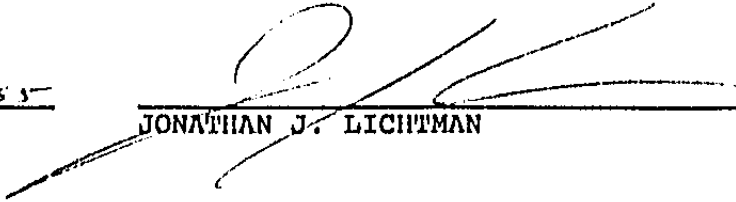
HL APARTMENTS, INC.
GENERAL PARTNER

By: 
JONATHAN J. LICHTMAN, President

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of HANLEY APARTMENTS, LTD., as made in the foregoing Certificate of Limited Partnership.

Date: JUNE 22, 1955



JONATHAN J. LICHTMAN

FILED
1955 JUN 23 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Jonathan J. Lichtman, President of HL Apartments, Inc., constituting all the General Partners of Handloy Apartments, Ltd., a Florida limited Partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

1. The amount of capital contributions of the Limited Partners is \$1,000.00.

2. The anticipated amount of capital to be contributed is \$1,000.00.

This 22nd day of JUNE, 1995.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER(S)

HL APARTMENTS, INC,

By: [Signature]
Jonathan J. Lichtman, President

FILED
1995 JUN 23 PM 4 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BROWARD
DATE JUNE 22, 1995

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 JONATHAN J. LICHTMAN, President of HL Apartments, Inc., General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of the General Partner of said Limited Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 22nd day of June, 1995.

[Signature]
PATRICE A. HUNTER
NOTARY PUBLIC

My Commission Expires:



PATRICE A. HUNTER
MY COMMISSION # CC448834 EXPIRES
June 1, 1999
BONDED THRU TROY FAIR INSURANCE, INC

A9500000972

LAW OFFICES
ENGLISH, MCCAUGHAN & O'BRYAN, P.A.

100 NORTHEAST THIRD AVENUE, SUITE 1100
FORT LAUDERDALE, FLORIDA 33301-1148
MAILING ADDRESS:
P.O. BOX 14098
FORT LAUDERDALE, FLORIDA 33302-4098

TELEPHONE (308) 462-3300
FROM MIAMI (305) 947-1052
FACSIMILE (308) 763-2439

December 13, 1995

FILED
95 JAN 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BOCA RATON OFFICE
40 SOUTH WASHINGTON STREET
SUITE 4000
BOCA RATON, FLORIDA 33432-6000
TELEPHONE (407) 391-8800
FACSIMILE (407) 391-8844

State of Florida
Division of Corporations
Limited Partnership Section
Post Office Box 6327
Tallahassee, Florida 32314

700001665017
-12/19/95--01022--012
***1750.00 ***1750.00

Re: Handley Apartments, Ltd.

Dear Sir or Madam:

\$1750.00 file

Enclosed please find, in duplicate original, Handley Apartments, Ltd.'s Supplemental Affidavit of Capital Contributions for filing with your office.

You will also find enclosed a check in the amount of \$1,750 to cover the filing fees.

If the enclosed document meets with your approval, please record it and return the additional Affidavit acknowledged as filed in the self-addressed envelope provided.

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

Patrice A. Hunter

Patrice A. Hunter
Corporate Paralegal

CM

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/pah	
Enclosures	
Up	
Ver	
Ackn	
W	

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of
HANDLEY APARTMENTS, LTD., a Florida Limited Partnership,
hereinafter referred to as the "Partnership", executed this
Supplemental Affidavit pursuant to Section 620.112, Florida
Statutes.

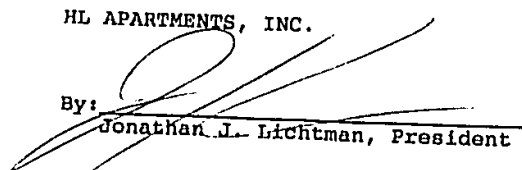
The total amount of the capital contributions of the limited
partners to date is \$200,000.00.

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.

GENERAL PARTNER

HL APARTMENTS, INC.

By: 
Jonathan J. Lichtman, President

96 JUN 17 AM 11:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 McPherson
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
HANDLEY APARTMENTS, LTD.

1a. DOCUMENT #
A95000000972

96-AR
CM

Mailing Address
**2112 PALMS WAY, #201
BOCA RATON FL 33433**

Principal Office Address
**22112 PALMS WAY, #201
BOCA RATON FL 33433**

2. How Mailing Address, if Applicable
Suite, Apt # etc. **23458 TORRE CIRCLE**
City, State & Zip **BOCA RATON, FL 33433**

2a. How Principal Office Address, if Applicable
Suite, Apt # etc. **23458 TORRE CIRCLE**
City, State & Zip **BOCA RATON, FL 33433**

3. Date formed or Registered to Do Business in
FLORIDA 06/23/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
\$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$200,000

6. FEI Number
65-0592075

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Fee Application **\$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 609, 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
**LICHTMAN, JONATHAN J
100 NE 3RD AVE.
SUITE 1100
FT. LAUDERDALE FL 33301**

10. If changed, how 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 620.102, 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 or 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
HL APARTMENTS, INC.	22112 PALMS WAY, #201- 23458 TORRE CIRCLE	BOCA RATON FL 33433	P05000049532
			4000001694394 -01/22/96--01030--023 ****576.25 ****576.25

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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 *[Signature]*
Typed or Printed Name of General Partner Signing Form **JONATHAN J. LICHTMAN** Telephone Number **(505) 462-3500**

**PRESIDENT, HL APARTMENTS, INC.
GENERAL PARTNER** DATE **11/16/95**

CR2E003 (6/95)