Document Number Only

A95000001035

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City State Zip Phone

904-222-1092

300001588003
-07/14/95--01037--010
***1487.50 ***1487.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 11 PM 1:52

CORPORATION(S) NAME

Quest II First Ave. Associates, Limited Partnership

() Profit
() NonProfit
() Limited Liability Company
() Amendment
() Merger

() Foreign
() Dissolution/Withdrawal
() Mark

(✓) Limited Partnership
() Reinstatement
() Annual Report
() Reservation
() Other
() Change of R.A.
() Fictitious Name

(✓) Certified Copy
() Photo Copies
() CUS / G/S

() Call When Ready
(✓) Walk In
() Mail Out
() Call if Problem
() Will Wait
() After 4:30
(✓) Pick Up

BK 7/11/95

3:00

7-11-95

Name Availability	
Document Examiner	
Updater	C. TAX / CHANG. 1400.00
Verifier	R. AGENT FEE 35.00
Acknowledgment	C. COPY 52.50 / TOTAL 1487.50
W.P. Verifier	N. BAN / BALANCE DUE / REFUND

PLEASE RETURN EXTRA COPY(S) FILE STAMPED

Buck Kohe

Please fill in check Amount & Return all (9?) Thanks, Melanie

CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
QUEST II FIRST AVE. ASSOCIATES, LIMITED PARTNERSHIP

1. Name of Limited Partnership: Quest II First Ave. Associates, Limited Partnership

2. Business address of Limited Partnership: c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

3. Name of Registered Agent for Service of Process: CT Corporation System

4. Florida Street Address for Registered Agent: c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

5. Acceptance by the Registered Agent for Service of Process:

CT CORPORATION SYSTEM

Connie Bryan
(Officer Signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Name and Title of Officer)

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DIVISION OF CORPORATIONS
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6. Mailing address of Limited Partnership: c/o Rabina Realty, 670 White Plains Road, Scarsdale, New York 10583

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2050.

8. Names and address of General Partners: Maidad Rabina and Samuel Rabina, whose address is c/o Rabina Realty Co., 670 White Plains Road, Scarsdale, New York 10583

SIGNED this 29th day of June, 1995.

Maidad Rabina

Samuel Rabina

Samuel Rabina

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Quest II First Ave. Associates, Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions, to date, of the limited partners is $0.00. The total amount contributed and anticipated to be contributed by the limited partners at this time totals $200,000.00

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SECRETARY OF STATE
CORPORATIONS

This 29th day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

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

Maidad Rabina, General Partner

Samuel Rabina

Samuel Rabina, General Partner

23400

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 22 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000001035

QUEST II FIRST AVE. ASSOCIATES, LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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

Mailing Address
C/O RABINA REALTY
670 WHITE PLAINS ROAD
SCARSDALE NY 10583

Principal Office Address
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION FL 33324

If the above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA: 07/11/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $200,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: Applied For

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

3-25

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION FL 33324

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 620.105 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	11b. City, State & Zip Code	11c. Registration/Document Number
RABINA, MAIDAD	C/O 670 WHITE PLAINS	SCARSDALE NY 10583	
RABINA, SAMUEL	C/O 670 WHITE PLAINS	SCARSDALE NY 10583	

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(1)(i), Florida Statutes. I release the Division of Corporations from any liability if non-compliance with Section 119.07(1)(i) ... 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, manager 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: QUEST II MGMT CORP by Maidad Rabina: PRESIDENT

DATE 1/5/96

Telephone Number (914) 722-4400

0012349