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DIVISION OF CORPORATION

UCC FILING & SEARCH SERVICES
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526 EAST PARK AVENUE, SUITE 200
(Address)

TALLAHASSEE, FL 32301 (904) 681-6528
(City, State, Zip) (Phone #)

473390 800001540745
-07/13/95--01004--006
****581.00 ****581.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 AM 11:11

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Alliance Michigan Commerce Center II, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

C. TAX _____
FILING 546.00
R. AGENT FEE 35.00
COPY 581.00
TOTAL _____
CK. BANK _____
BALANCE DUE _____
CSHD _____

W95000013911

[XX] Walk in [ ] Pick up time _____ [ ] Certified Copy [ ] ARTICLES ONLY

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status [ ] ALL CHARTER DOCS

[ ] CERTIFICATE OF GOOD STANDING

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

[ ] Certificate of FICTICIOUS NAME

[ ] FICTICIOUS NAME SEARCH

[ ] CORP SEARCH

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OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
✓	Limited Partnership
	Reinstatement
	Trademark
	Other

HOLD FOR PICKUP BY UCC SERVICES

Examiner's Initials

CR2E031(9/92)

CERTIFICATE OF LIMITED PARTNERSHIP

THE UNDERSIGNED hereby makes, acknowledges and files with the Secretary of State of the State of Florida, this *Certificate of Limited Partnership* for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. **NAME OF PARTNERSHIP** - The name of the Partnership shall be ***ALLIANCE MICHIGAN COMMERCE CENTER II, LTD.***

2. **LOCATION OF PRINCIPAL PLACE OF BUSINESS** - The principal place of business of the Partnership shall be located at 501 East Jackson Street, Orlando, Florida 32801, or such other place or places as the General Partner shall from time to time determine.

3. **NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS**

PHILIP TATICH
601 South Lake Destiny Road, Suite 200
Maitland, Florida 32751

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DIVISION OF CORPORATIONS
95 JUL 14 AM 11:12

4. **NAME AND ADDRESS OF THE GENERAL PARTNERS**

AEGIS INVESTMENTS, INC.
2200 Lucien Way, Suite 350 L28441
Maitland, Florida 32751

SDP INVESTMENTS, INC. L28451
501 East Jackson Street
Orlando, Florida 32801

SOS REALTY CORP.
501 East Jackson Street L19712
Orlando, Florida 32801

5. **MAILING ADDRESS OF THE PARTNERSHIP**

501 East Jackson Street
Orlando, Florida 32801

6. The latest date upon which the Partnership is to dissolve is upon the occurrence of any of the following events:

(a) the determination by the General Partner, with the written concurrence of Limited Partners holding fifty-one percent (51%) of the Percentage Interests of all Limited Partners;

(b) the bankruptcy, withdrawal or removal of the last remaining General Partner and failure by the Limited Partners to elect to continue the Partnership and select a successor General Partner as provided in Section 8.1 of the Partnership Agreement;

(c) the disposition of all or substantially all of the Partnership assets; and

(d) the occurrence of an event specified under the laws of the State of Florida as one effecting a dissolution (except as otherwise provided in the Partnership Agreement).

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DATED this 12th day of July, 1995.

MANAGING GENERAL PARTNER

SDP INVESTMENTS, INC.

By: _____
Howard A. Schieferdecker, President

GENERAL PARTNER

AEGIS INVESTMENTS, INC.

By: _____
George D. Livingston, Jr., President

GENERAL PARTNER

SOS REALTY CORP.

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DIVISION OF CORPORATIONS
95 JUL 14 AM 11: 12

By: _____
Howard A. Schieferdecker Vice President

AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTION

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, the undersigned, after first being duly sworn, deposes and says that the total capital contributions of the Limited Partners of ***ALLIANCE MICHIGAN COMMERCE CENTER II, LTD.*** shall be $78,000.00.

No Limited Partner shall at any time be required to make any capital contributions to the Partnership in excess of the pro rata share of the aforesaid aggregate contributions of $78,000.00 attributable to the interest of such Limited Partner.

SWORN AND SUBSCRIBED this 10th day of July, 1995.

MANAGING GENERAL PARTNER

SDP INVESTMENTS, INC.

By: _____
Howard A. Schieferdecker, President

GENERAL PARTNER

AEGIS INVESTMENTS, INC.

By: _____
George D. Livingston, Jr., President

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DIVISION OF CORPORATIONS
95 JUL 14 AM 11:12

GENERAL PARTNER

SOS REALTY CORP.

By: _____
Howard A. Schieferdecker Vice President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing *Certificate of Limited Partnership* was acknowledged before me this ~~10th~~ 12th day of July, 1995, by *HOWARD A. SCHIEFERDECKER*, as President of ***SDP INVESTMENTS, INC.***, who is personally known to me.

_____
NOTARY PUBLIC, State of Florida

PHILIP TATICH
MY COMMISSION # CC388388 EXPIRES
September 3, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing *Certificate of Limited Partnership* was acknowledged before me this ~~10th~~ 12th day of July, 1995, by *George D. Livingston, Jr.*, as President of ***AEGIS INVESTMENTS, INC.***, who is personally known to me.

_____
NOTARY PUBLIC, State of Florida

PHILIP TATICH
MY COMMISSION # CC388388 EXPIRES
September 3, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing *Certificate of Limited Partnership* was acknowledged before me this 12th day of July, 1995, by *Howard A. Schieferdecker*, as Vice President of ***SOS REALTY CORP.***, who is personally known to me.

NOTARY PUBLIC, State of Florida
PHILIP TATICH
MY COMMISSION # CC388388 EXPIRES
September 3, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 AM 11:12

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, *PHILIP TATICH*, accepts his designation as Registered Agent for ***ALLIANCE MICHIGAN COMMERCE CENTER II, LTD.*** and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act.

DATED this 12th day of July, 1995.

Philip Tatich

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing *Acceptance of Registered Agent* was acknowledged before me this 12th day of July, 1995, by *PHILIP TATICH* who is personally known to me.

NOTARY PUBLIC, State of Florida

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KAREN H. GATES
Notary Public, State of Florida
My Comm. expires Feb. 23, 1996
Comm. No. CC174012

FILE ON OR BEFORE DECEMBER 31, 1996 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
95 DEC 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # **A95000001059**

ALLIANCE MICHIGAN COMMERCE CENTER II, LTD. 96-AR CM

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
501 EAST JACKSON STREET	501 EAST JACKSON STREET
ORLANDO FL 32801	ORLANDO FL 32801

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

If 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	3a. Date of Last Report	4. State or Country of Formation
07/14/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$70,000.00		59-3322988	Applied For [redacted] Not Applicable

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

TATICH, PHILIP
691 SOUTH LAKE DESTINY ROAD, SUITE 200
MAITLAND FL 32751

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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL 32751	L29441
SDP INVESTMENTS, INC.	501 EAST JACKSON STRE	ORLANDO FL 32801	L29451
SOS REALTY CORP.	501 EAST JACKSON STRE	ORLANDO FL 32801	L79712

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****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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 [signature] DATE 12/15/95

Typed or Printed Name of General Partner Signing Form Telephone Number

0004788