

A95 000 001135

MARTIN, W. BIRCHFIELD & MICKLER, P.A.

ONE INDEPENDENT DRIVE - SUITE 3000
JACKSONVILLE, FLORIDA 32202

MAILING ADDRESS:
POST OFFICE BOX 55
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 354-2050
TELECOPIER (904) 354-5542

JAMES L. ADE
LYNDA R. AYCOCK
W. D. BIRCHFIELD
TIMOTHY A. BURLINCH
CHARLES L. CRANFORD
PHILLIP A. DELMONT
STEPHEN H. DURANT
T. WILLIAM GLOCKER
MICHAEL E. GOODBREAD, JR.
STEPHEN D. HALLER
RONO HEAD

SHARON ROBERTS HENDERSON
BARBARA L. CHRISTIE JOHNSTON
MYRA LOUGHMAN
RALPH H. MARTIN
ROBERT O. MICKLER
JOHN D. MILTON, JR.
DANIEL B. NUNN, JR.
SCOTT G. SCHILDBERG
GARY L. WILKINSON

L. PETER JONES 12-19881

July 17, 1995

Secretary of State
State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

G. TAX _____
FILING _____ 1750.00
R. AGENT FEE _____ 35.00
S. COPY _____ 52.00
TOTAL _____ 1837.50
N. BANK _____
BALANCE DUE _____
RETTIND _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 PM 3:00

Re: DHSC, Inc. And DHSC, Ltd.

Gentlemen:

mk 7/24/95

Enclosed please find the following documents for filing with the office of the Secretary of State of Florida:

1. Original executed Articles of Incorporation of DHSC, Inc., and accompanying Designation and Acceptance of Registered Agent;
2. Original executed Certificate of Limited Partnership of DHSC, Ltd., and accompanying Designation and Acceptance of Registered Agent and Affidavit of Capital Contribution of DHSC, Ltd.

Please file the documents in the order recited above and return a certified copy of each to my attention in the enclosed self-addressed stamped envelope. We include herewith our firm check number 015392 in the amount of \$1,960.00 to cover your costs, allocated as follows:

Filing of Articles of Incorporation	\$ 35.00
Filing of Designation and	
Acceptance of Registered	
Agent	35.00
Certified Copy of Articles of	
Incorporation	52.00
Filing of Certificate of Limited	
Partnership based upon	
maximum capital contribu-	
tion assessment	1,750.00

200001551452
-08/02/95--01011--006
***1960.00 ***1837.50

Filing of Designation and Assessment of Registered Agent	35.00
Certified copy of Certificate of Limited Partnership	<u>52.50</u>
TOTAL	\$ 1,960.00

If you should have any questions or concerns, please do not hesitate to contact me.

Sincerely,


Michael E. Goodbread, Jr.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 PM 3:00

MEG/rrb
Enclosures

cc: J. C. Demetree, Jr.
R. O. Mickler, Esquire

CERTIFICATE OF LIMITED PARTNERSHIP OF
DHSC, LTD.

FILED STATE
SECRETARY OF CORPORATIONS
95 JUL 24 PM 3:00
DIVISION OF CORPORATIONS

The undersigned, in order to form a limited partnership (the "Partnership") in accordance with Sections 620.105, 620.108, and 620.114 of the Florida Statutes, certifies the following:

1. The name of the Partnership is DHSC, Ltd.
2. The street address and mailing address of the principal place of business of the Partnership in Florida is 3740 Beach Boulevard, Suite 300, Jacksonville, Florida 32207.
3. The name and address of the initial registered agent of the Partnership in the State of Florida shall be J. C. Demetree, Jr., 3740 Beach Boulevard, Suite 300, Jacksonville, Florida 32207.
4. The name and address of the general partner of the Partnership is as follows:

<u>Name</u>	<u>Address</u>
DHSC, Inc. 845000056972	3740 Beach Boulevard Suite 300 Jacksonville, Florida 32207

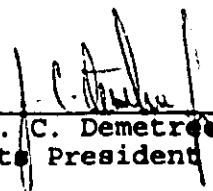
5. The term for which the Partnership is to exist as a limited partnership shall commence on the date this Certificate of Limited Partnership is filed with the Florida Department of State and shall continue until December 31, 2035, unless sooner dissolved in accordance with the Agreement of Limited Partnership of DHSC, Ltd., or by an act or event specified by law as one effecting dissolution.

IN WITNESS WHEREOF, the undersigned has executed this
Certificate of Limited Partnership this 11th day of July, 1995.

GENERAL PARTNER

DHSC, INC.

By:



J. C. Demetree, Jr.
Its President

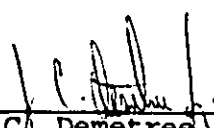
FILED
STATE
DIVISION OF CORPORATIONS
95 JUL 24 PM 3:00

CERTIFICATE OF ACCEPTANCE OF
DESIGNATION OF REGISTERED AGENT OF
DHSC, LTD.

FILED
SECRETARY OF CORPORATIONS
95 JUL 24 PM 3:00
DIVISION OF CORPORATIONS

Pursuant to Sections 620.105 and 620.192, Florida Statutes, the undersigned, having been designated as the initial Registered Agent for the service of process within the State of Florida upon DHSC, Ltd., a limited partnership organized under the laws of the State of Florida, does hereby accept the appointment as Registered Agent for the above-named limited partnership, and does hereby agree to comply with any and all statutes relative to the proper performance of the duties of Registered Agent, including the maintenance of a Registered Office, which such Registered Office is located at 3740 Beach Boulevard, Suite 300, Jacksonville, Florida 32207.

IN WITNESS WHEREOF, I, such designated Registered Agent, have hereunto set my hand and seal at Jacksonville, Duval County, Florida, on this 11th day of July, 1995.



J. C. Demetree, Jr.
Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF DUVAL

J. C. Demetree, Jr., as President of DHSC, Inc., being duly sworn, says that DHSC, Inc., is the general partner of DHSC, Ltd. (the "Partnership") and that the sum of One Million Two Hundred Thousand and No/100 Dollars (\$1,200,000.00) shall be contributed to the Partnership by the limited partners of said Partnership.

GENERAL PARTNER:

DHSC, INC.

By:

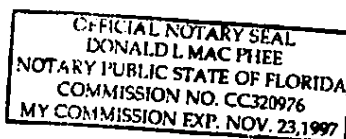
J. C. Demetree, Jr.
Its President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 11TH day of July, 1995, by J. C. Demetree, Jr., as President of DHSC, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced N/A as identification and did not take an oath.

Donald L. MacPhee
Notary Public, State of Florida
Print: _____

My Commission expires:
Commission No.:



CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32312

RE: **DISC Ltd**
APR 5000 00 1135

95 AUG 31
 VISION C.C. FEE. DISBURSED

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 \$ _____

8/31/95
 G. TAX FILING 52.50
 R. AGENT FEE _____
 C. COPY 52.50
 TOTAL 105.00
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

Capital Express™
 Art. of Inc. File _____
 Corp. Record Search _____
 Ltd. Partnership File _____
 Foreign Corp. File _____
☒ () Cert. Copy(s) _____

☒ Art. of Amend. File *Cost of Amend*
 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 Prep. _____
 FAX () _____ pgs.

400001579374

09/07/95-01031-015

****105.00 ****105.00

SUBTOTALS	
FEE.....	\$
DISBURSE.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY *[Signature]*

WALK-IN *231 12pm*
 WIN Pick Up

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

**CERTIFICATE OF AMENDMENT TO
THE CERTIFICATE OF LIMITED PARTNERSHIP OF
DHSC, LTD.**

FILED STATE
SECRETARY OF CORPORATIONS
95 AUG 31 AM 11:23

1. The name of the limited partnership is DHSC, Ltd., a limited partnership organized under the laws of the State of Florida ("Limited Partnership").

2. The Limited Partnership filed its Certificate of Limited Partnership on July 24, 1995.

3. Article I of the Certificate of Limited Partnership is hereby amended to read in its entirety is as follows:

1. The name of the partnership is DCRE, Ltd.

4. The foregoing amendment shall become effective upon the filing of this Certificate of Amendment to the Certificate of Limited Partnership with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, the undersigned General Partner of said Limited Partnership has executed this Certificate of Amendment to the Certificate of Limited Partnership this 29th day of August, 1995.

DHSC, INC., a Florida corporation

By: _____

J. C. Demetree, Jr.
Its President

"GENERAL PARTNER"

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
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 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

DCRE, LTD.

1a. DOCUMENT #
A95000001135

Mailing Address

3740 BEACH BLVD., SUITE 300
JACKSONVILLE FL 32207

Principal Office Address

3740 BEACH BLVD., SUITE 300
JACKSONVILLE FL 32207

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

3. Date Formed or Registered to Do Business in
FLORIDA 07/24/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$1,200,000.00

5b. Amount of Capital Contributions in
FLORIDA in 1996

6. FEI Number

59-3337942

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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 \$141.25 (\$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

DEMETREE, J C JR.
3740 BEACH BLVD., SUITE 300
JACKSONVILLE FL 32207

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 620.105-1 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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DCRE, INC.

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

3740 BEACH BLVD., SUITE 300

11b. City, State & Zip Code

JACKSONVILLE FL 32207

11c. Registration
Document Number

P95000050072

900001757679
-03/26/96--01097--018
****589.00 ****585.00

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 true and accurate 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

Typed or Printed Name of General Partner Signing Form

J.C. Demetree Jr.

DATE

3/19/96

Telephone Number

904 290 7810

CR2003 (11/95)