# A959000-1216



ACCOUNT NO. 1 072100000032

REFERENCE : 659813 147409A

AUTHORIZATION :

COST LINIT : \* PREPAID

800001561378 -08/16/95--01009--003 \*\*\*\*434.00 \*\*\*\*\*434.00

ORDER DATE : August 15, 1995

ORDER TIME : 11:21 AM

ORDER NO. : 659813

CUSTONER NO: 147409A

CUSTOMER: Mr. Peter M. Donnantuoni TAYLOR WOODROW COMMUNITIES

Second Floor

7120 South Beneva Road Saragota, FL 34238-2150



#### DOMESTIC FILING

NAME:

ADDISON RESERVE REALTY, LTD

RECEIVED 95 AUG IS PH 1: 10 BINISION OF CORPORATION

|   | <b>-</b> *               |
|---|--------------------------|
| ARTICLES OF INCORPORATION XX CERTIFICATE OF LIMITED PARTICLES | 16                       |
| C. CINITED PARTNERSHIP  | EE \$346.50              |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:               | FF-\$346.50<br>RA- 35.00 |
| XXCERTIFIED COPY  | 1C - 52.50               |
| PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING               | CC - 52.30               |
| CONTACT PERSON: Lori R. Dunlap EXAMINER'S INITIALS:           | 8/15/950                 |

## CERTIFICATE OF LIMITED PARTNERSHIP OF ADDISON RESERVE REALTY, LTD. \$\int 95000001216\$

THE UNDERSIGNED, intending to form a limited partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act ("Act"), hereby certify as follows:

1. Name. The name of the limited partnership is:

#### ADDISON RESERVE REALTY, LTD.

- 2. Initial Registered Office and Agent. The street address of the initial registered office of the limited partnership is 7120 South Beneva Road, Sarasota, Florida 34238, and the name of its Registered Agent at such address is John R. Peshkin.
  - 3. General Partner. The name and business address of the general partner are:

Addison Reserve Realty, Inc. 7120 South Beneva Road Sarasota, Florida 34238

4. Mailing Address. The mailing address of the limited partnership is

7120 South Beneva Road Sarasota, Florida 34238

- 5. <u>Dissolution</u>. The latest date upon which the limited partnership is to dissolve is December 31, 2035.
- 6. Execution and Authority. This Certificate of Limited Partnership is duly executed and is being filed with the Florida Department of State in accordance with Section 620.108 of the Act.
- 7. Affirmation. The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.
- 8. <u>Effectiveness.</u> This Certificate of Limited Partnership is effective upon its filing with the Florida Department of State.

IN WITNESS WHEREOF, as the General Partner of the limited partnership, the undersigned signs this Certificate as of August 41, 1995.

ADDISON RESERVE REALTY, INC. a Florida corporation

John R. Peshkin

President

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and designated to accept service of process for the above limited partnership at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated: August 1, 1995.

John R. Peshkin

FILED

1855 NG 15 71 1: 51

SECRETARY OF STATE
AND ANSWER FLORIDA

#### AFFIDAVIT OF CAPITAL CONTRIBUTION OF ADDISON RESERVE REALTY, LTD.

| STATE OF FLORIDA   | )    |
|--------------------|------|
| COUNTY OF SARASOTA | ) SS |

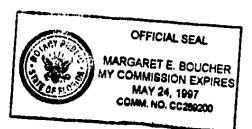
The undersigned, General Partner of Addison Reserve Realty, Ltd., a Florida limited partnership, certify that (i) the amount of capital contributions to date of the Limited Partners is \$49,500.00; and (ii) the total amount contributed and anticipated to be contributed by the Limited Partner at this time is \$49,500.00.

Dated August //, 1995.

ADDISON RESERVE REALTY, INC. a Florida corporation

By: John R. Peshkin, President

The foregoing Affidavit was acknowledged before me this \_\_\_\_\_\_day of August, 1995, by John R. Peshkin as President of Addison Reserve Realty, Inc., a Florida corporation, on behalf of the corporation as the General Partner of Addison Reserve Realty, Ltd. He is personally known to me.



Print Name:

Notary Public, State of Florida

Certificate No.:

My commission expires:

SECRETARY OF STATE

| ary to grant a 7 has a 7% to 3 has a first of 100 M   |   | A DEPOSITION           |                                       |                                |   |  |  |
|---|---|------------------------|---------------------------------------|--------------------------------|---|--|--|
| ITED PARTNEHONE   |   | Secretary of St        | n state in its                        |                                | FILED   |  |  |
| NNUAL REPORT  | DIVIS   | SION OF CURPO          | RATIONS                               |                                | 155 NOV 14 PM   | 3 19   |  |
|   | Lia DC  | CUMEN                  | T#                                    |                                | ישו מבן   | TATE   |  |
| e of Limited Partnorthy   | A9500   | 000012                 | <u> 16</u>                            | _                              | SECRETARY OF STALLAHASSEE, F                                    | LORIDA   |  |
| SON RESERVE REALT   | Y, LTD.   |                        |                                       |                                | DO NOT WRITE II   | THIS STACE   |  |
| 3014 (1202.112  |   |                        |                                       |                                | Maring Address, Il Applicable                                   | 01641513<br>9501012017   |  |
|   | Principal Office Addr   | ena.                   |                                       | <u> </u>                       | - 東京市市中日  | 5.25 ****485.25  |  |
| Addiess<br>UTH SCIENA RD.   | THE SOUTH SENEVI  | A RD.                  |                                       | l                              | ste & Zip   | A - who abla   |  |
| TA FL 34235   | Swarznin ir em  |                        |                                       |                                | New Principal Office Address, ff                                | <b>Аррія вого</b>  |  |
| addresses are incorrect in any way, line thro   | ons neutrality interests and constant   | onler correct address  | in Block 2 and/or                     | Suite.                         | Apt. #, etc.  |  |  |
| addresses are incorrect in any way, line thro<br>are Formed or Registered to Do Business in   | 3a. Date of Last Report   | 4. State or Cou        | ntry of Formation                     | City. Si                       | tate & Zip  |  |  |
| CORID 708/15/1985   | Amount of Capital Contributions in  | & SEI Nigh             | ther                                  |                                | Applied For 7. CE   | RTIFICATE OF STATUS REQUIRED   |  |
| Capital Contributions as Storm  | FLORIDA to dute.  | 65-                    | 0602                                  | 370                            | Not Applicable  |  |  |
| FEES: 1.) Filtro Fey: Computed at a rate of the State of | \$7 per \$1,000 on amount entered   | In 5b or 5a if 5b blan | C with a minimum                      | hing lee of \$59<br>e 75)      | 2.50 and a maximum of e-57.65                                   |  |  |
| MOUNT DUE SHALL BE NO LESS THAN ST  | than amount entered in 5s, a supp   | MORE THAN \$578.       | nt be submitted alo                   | ong with a sape                | O. It changed, new Registered                                   | Agent/Office   |  |
| If the amount entered in 30 is given by CHECK PAYABLE TO FLORIDA DEPT. OF Name and Address (  | STATE.<br>of Current Registered Agent   |                        | Name                                  | 1                              | O. Il Changed, Inch 1   |  |  |
| SHICH, JOHN R   |   |                        | Street Address                        | (PO Box Nur                    | nbor is Not Acceptable)   |  |  |
| 20 SOUTH BENEVA RD.<br>VRASOTA FL 34236   |   |                        | Suite, Apt. #, et                     | Suite, Apt. #, etc Zip Code    |   |  |  |
|   |   |                        | City FL                               |                                |   | FL   |  |
| Pursuant to the provisions of sections 6: for the purpose of changing its register agent. I am familiar with, and accept the  | e obligations of section occ. (32)  |                        |                                       |                                |   |  |  |
| SNATURE (Registered Agent Accepting Appx  A GENERAL PARTNER   | THAT IS A CORP  | ORATION,               | LIMITED                               | PARTN                          | ERSHIP OR OTH   | Registration/  |  |
|   |   |                        |                                       | 11b.                           | City, State & Zip Code  |  |  |
| 1. Name(s) of General Partner(s)  |   | ON SCHITTH BEHEVA RD.  |                                       |                                | OTA FL 34236  | P95000008086   |  |
| ADDISON RESERVE REALTY, INC   |   |                        |                                       | AR-                            | \$ 346.50   |  |  |
|   |   |                        |                                       |                                | 11.10-950   | ار   |  |
| Note: General partners  |   | ed on this fo          | orm; an an                            | nendme                         | nt must be filed to   | change a general part  |  |
| Note: General partners  12. I do heruby certify that the information of the companions from any liability of non-   | n supplied with this filing is volunta  | mly lumished and do    | es not quality for the information su | he exemption<br>pplied is deen | stated in Section 119.07(3)(k). Find exempt from public access. | lorida Statutes. I reliease the Division of<br>I further certify that the information and<br>ther of the limited partnership, receiver |  |
| Corporations from any liability of non  | n supplied with this filing is volunta<br>compliance with Section 119 07(3<br>te and that my signature shall have<br>required by chapter 620, Florida S | the same legal effect  | ts as if made und                     | er oath. I furth               |   | 10/25/25   |  |

| 12.  | I do heruby certify that the information supplied with this timing is volunting in a volunting i | 1   |
|------|--|-----|
|      | Corporations from any liability or instruction and that my signature shall have the same legal enocis as in mode.  | ١   |
|      | this annual report is true and accurate an accurate this report as required by chapter 620, Florida Strifutes empowered to execute this report as required by Chapter 620, Florida Strifutes  REALTY, INC.   | . 1 |
|      |  | 1   |
|      | GNATURE By John R. Peshkin, President Tolophone Number 941-927-0999  | .   |
| ∕SIO | SNATURE By John R. Peshkin, President Tolophone Number 941-927-0999  | -'  |
|      | John K.  |     |
| Type | od or Printed Name of General Partner Signing Form   |     |
|      |  |     |

5000001al6 SECRETARY OF STATE DIVISION OF CORPORATIONS John R. Peshkin Requestor's Name 96 DEC -6 MI 9: 24 7120 South Beneva Rd. <u>Avasota</u> FL 34238

City/State/Zip Phone #
(941) 927-0999 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Addison Reserve Realty Ltd. (Corporation Name) A95000001216 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Will wait Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal **Domestication** Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign FILING 1750.00 Fictitious Name Limited Partnership R. AGENT FEE. Name Reservation Reinstatement C. COPY -TOTAL . Trademark N. BANK-BALANCE DUE Other REFUND -Examiner's Initials

### SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS.

| The undersigned, constituting all of the general            | pertners of Addison Reserve                     |
|---|---|
| ne undersigned, constituting an or the period               | a Florid  |
| ealty, Ltd.<br>imited Partnership, executed this supplement | al affidavit filed pursuant to section 620.112, |
| Florida Statutes.   |   |
| The total amount of the capital contributions of            | If the limited partners is \$ 1,054,789.63      |
|   |   |
|   | 96 NS   |
| This 75 day of November                                     |   |
| 11119 <u>- 12 -</u>   |   |
|   | 390   |
| FURTHER AFFIANT SAYETH NOT.                                 | 7 35.<br>9 2E                                   |
| Under penalties of perjury I declare that I have            | e read the foregoing and that the facts are bu  |
| to the best of my knowledge and belief.                     |   |
|   | General Partner                                 |
|   |   |
| Addison Reserve   | e Realty, Inc.                                  |
| By:   |   |
| Level R.  | Peshkin, President                              |
|   |   |