A95000001222

LAW OFFICES OF
MAYER & SAUERBERG
THE FORUM - TOWER A
1675 PALM BEACH LAKES BOULEVARD
SUITE 700
WEST PALM BEACH, FLORIDA 33401

(407) 683-2484
Fax: (407) 684-3162

EARL E. MAYER, JR.*
ERIC M. SAUERBERG, P.A.
P. TODD KENNEDY, P.A.
---
* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

600001559966
-08/15/95--01034--001
*****87.50 *****87.50

August 10, 1995

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

Re: Waters Edge, Ltd.

Dear Sir/Madam:

Enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership. Please file the originals and return the copies stamped with the date and time the documents have been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our check in the amount of $87.50 to cover the required filing fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Eric M. Sauerberg

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 AUG 15 PM 3:00

Name Availability	8/16/95 dcc
Document Examiner	L
Updater	EMS:rjc Enclosures
Updater Verifyer	resnick3\ltrs\utrsos.ltr DCC
[illegible] ement	DCC
W. P. Verifyer	DCC

A95000001222

TC
$100.00

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WATERS EDGE, LTD.

1. WATERS EDGE, LTD.
(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3155 N. 39th Street, Hollywood, Florida 33021
(The Business Address of the Limited Partnership)

3. MALCOLM L. RESNICK
(Name of Registered Agent for Service of Process)

4. 3155 N. 39th Street, Hollywood, Florida 33021
(Address for Registered Agent)

FILED
1995 AUG 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 3155 N. 39th Street, Hollywood, Florida 33021
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2045.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
HURRICANE INVESTMENT COMPANY, LTD.	3155 N. 39th Street Hollywood, Florida 33021

A95000000724

Signed this 15 day of April, 1995.

Signature of General Partner:

HURRICANE INVESTMENT COMPANY, LTD.

GENERAL PARTNER:

HURRICANE INVESTMENT COMPANY HOLDINGS, INC.

By: _____
MALCOLM L. RESNICK, President

resnick\docs\waters.crt

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting the general partner of WATERS EDGE, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100.00

This 15 day of April, 1995.

FILED
95 AUG 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FURTHER AFFIANT SAYETH NOT.

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

HURRICANE INVESTMENT COMPANY, LTD.

GENERAL PARTNER:

HURRICANE INVESTMENT COMPANY HOLDINGS, INC.

By: _____
MALCOLM L. RESNICK, President

resnick\docs\capcont2.aff

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 12:49

1. Name of Limited Partnership

WATERS EDGE, LTD.

1a. DOCUMENT #
A95000001222

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Office Address
3155 N. 38TH STREET	3155 N. 38TH STREET
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

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

2. New Mailing Address, If Applicable: 3355 Hollywood Blvd
Suite, Apt. #, etc.: #304
City, State & Zip: Hollywood FL 33020

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 08/14/1985

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date: $100.00

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED [redacted]

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

RESNICK, MALCOLM L
3155 N. 38TH STREET
HOLLYWOOD FL 33021

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
HURRICANE INVESTMENT COMPANY	3155 N. 38TH STREET	HOLLYWOOD FL 33021	A95000000724

800001678968
-01/04/96--01105--020
****191.25 ****191.25

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 _____ DATE 12/19/95

Typed or Printed Name of General Partner Signing Form: Hurricane Investment Co. Telephone Number: 305-966-8205

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -9 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

FRUJAC LIMITED PARTNERSHIP

1a. DOCUMENT #
A95000001224

Mailing Address
1565 S. OCEAN LANE, APT. 177
FT LAUDERDALE FL 33316

Principal Office Address
1565 S. OCEAN LANE, APT. 177
FT LAUDERDALE FL 33316

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

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

3. Date Formed or Registered to Do Business in FLORIDA
08/14/1995

3a. Date of Last Report
5/14/95

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$1,000,100.00

5b. Amount of Capital Contributions in FLORIDA to date
40 665

6. FEI Number
58-2200938

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 $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

423 41

9. Name and Address of Current Registered Agent

JACFRI, L.C.
1565 S. OCEAN LANE, APT 177
FT LAUDERDALE FL 33316

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)
R00001775...
-04/11/96--01045--007
*****423.41 *****423.41

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 the 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
JACFRI L.C.	1565 S. OCEAN LANE, A	FT LAUDERDALE FL 3331	L95000000613

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 4/8/96

Typed or Printed Name of General Partner Signing Form ______ Telephone Number ______

CR2E003 (11/95)