1201 Hays Street
Tallahassee, FL 32301
904-222-8171
904-878-0391 FAX

800-342-8036

A95000001376

CSC networks
PROVIDING LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 682079 81501A

AUTHORIZATION :

COST LIMIT : 0

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 14 PM 3:04

ORDER DATE : September 14, 1995

ORDER TIME : 9:49 AM

ORDER NO. : 682079

300001587988
-09/13/95--01054--025
****525.00 ****525.00

CUSTOMER NO: 81501A

CUSTOMER: Lawrence A. Levine, Esq
LAWRENCE A. LEVINE, ESQ

Suite E-207
4300 N. University Drive
Ft. Lauderdale, FL 33351

C. TAX	
FILING	$25.00
R. AGENT FEE	35.00
C. COPY	
TOTAL	560.00
N. BANK	
BALANCE DUE	
REFUND	

DOMESTIC FILING

NAME: SANTORINI TOWNHOMES, LTD.

X ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

300001587988
-09/13/95--01054--026
*****35.00 *****35.00

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
X PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

9/14/95

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: BJC

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SANTORINI TOWNHOMES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 14 PM 3:04

1. The name of the Limited Partnership is SANTORINI TOWNHOMES, LTD.

2. The office where the Partnership shall keep records required to be maintained by it pursuant to the Florida Revised Uniform Limited Partnership Act (1986) is:

4300 North University Drive
Suite E-207
Fort Lauderdale, FL 33351

3 Santorini Townhomes, Ltd.'s agent for service of processes is:

Lawrence A. Levine, P.A.
4300 North University Drive
Suite E-207
Fort Lauderdale, FL 33351

4. The name and address of the General Partner is:

f95000016993

Santorini Development, Corp.
4300 North University Drive
Suite E-207
Fort Lauderdale, FL 33351

5. The mailing address for Santorini Townhomes, Ltd. is:

4300 N. University Drive
Suite E-207
Fort Lauderdale, FL 33351

6. The latest date upon which Santorini Townhomes, Ltd. is to dissolve is December 31, 2025.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation by it under penalties of perjury that the facts stated herein are true.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 14 PM 3:04

Executed on 12th day of September, 1995

Santorini Development, Corp
A Florida Corporation
By: Howard A. Levine
President

Lawrence A. Levine, P.A. accepts designation as the Registered Agent for Service of Process for Santorini Townhomes, Ltd.

Lawrence A. Levine, P.A.
By: Lawrence A. Levine
President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Santorini Townhomes, Ltd, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $25,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $75,000.00

This 12th day of September, 1995

FURTHER AFFIANT SAYETH NOT

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

Santorini Development, Corp.
A Florida Corporation
By: Howard A. Levine
President

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to before me this 12th day of September, 1995, by Howard A. Levine, as President of Santorini Development, Corp. Affiant is personally known to me.

NOTARY PUBLIC STATE OF FLORIDA

MAYDA ROBERTAZZI
My Commission CC346302
Expires Feb. 03, 1998
Bonded by HAI
800-422-1555

Mayda L. Robertazzi
Notary Public
State of Florida

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001376

LIMITED PARTNERSHIP ANNUAL REPORT 1996

Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 12 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: SANTORINI TOWNHOMES, LTD.

1a. DOCUMENT # A95000001376

DO NOT WRITE IN THIS SPACE

Mailing Address: 4300 N. University Dr, Suite E-207, Fort Lauderdale, FL 33351

Principal Office Address: Same

2. New Mailing Address if Applicable

300001689183
-01/16/96--01017--023
****313.75 ****313.75

2a. New Principal Office Address if Applicable

3. Date First Filed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
9/15/95		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$25,000.00	$25,000.00	65-0608109

7. CERTIFICATE OF STATUS REQUIRED ☐ — $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

9. Name and Address of Current Registered Agent

Lawrence A. Levine, PA
4300 N. University Dr
Suite E-207
Fort Lauderdale, FL 33351

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 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
Santorini Development, Corp.	4300 N University DR	Fort Lauderdale	P95000069993

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 true and accurate ... Florida Statutes.

SIGNATURE [signature]

DATE 12/19/95

Typed or Printed Name of General Partner Signing Form: Howard A. Levine President of G.P.

Telephone Number: 954-749-6700