

A95000001399

Courtellis
Company

September 14, 1995

Florida Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: San Marino Pines Associates, Ltd.

600001588336
-09-19/95--01083--001
***140.00 ***140.00

Dear Ladies and Gentlemen:

With reference to the formation of the aforementioned entity as a Florida limited partnership, enclosed herewith are the following original document and instrument, to wit:

1. Certificate of limited partnership of San Marino Pines Associates, Ltd. executed by its corporate general partner, Lancaster Devcorp, Inc., a Florida corporation, on September 14, 1995, and which has attached to it the limited partnership registered agent designation and the affidavit of capital contributions, both of which have also been executed by Lancaster Devcorp, Inc.; and
2. The undersigned's escrow account check no. 1788 made payable to the Florida Department of State in the amount of \$140.00 which represents the filing fee for the formation of same (i.e., \$52.50), a certified copy of the certificate (i.e., \$52.50) and the resident agent designation (i.e., \$35.00).

Once the limited partnership has been formed, kindly return the certified copy of the certificate to the undersigned.

Very truly yours,

Victor L. Stosik
Victor L. Stosik
General Counsel

VLS/cem

Enclosures

(LTRS\7114-2)

701 Brickell Ave., Suite 1400
Miami, Florida 33131-2822
Phone: (305) 379-8467
Fax Number: (305) 381-7875

FILED
1995 SEP 18 AM 9:44
TALLAHASSEE, FLORIDA

9/20/95

CC

A95000001399

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SAN MARINO PINES ASSOCIATES, LTD.

FILED
1995 SEP 18 AM 9:44
TALLAHASSEE, FLA

The undersigned General Partner, desiring to form a limited partnership pursuant to Section 620.018 of the Florida Statutes, does hereby certify and swear to the following:

1. The name of the limited partnership is SAN MARINO PINES ASSOCIATES, LTD.
2. The location of the principal place of business of the limited partnership is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131.
3. The name of the agent for service of process on the limited partnership required to be maintained pursuant to the provisions of Section 620.105 of the Florida Statutes is W. Douglas Pitts, whose address is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131.
4. The name and business address of the sole general partner is LANCASTER DEVCORP, INC., a Florida corporation, 701 Brickell Avenue, Suite 1400, Miami, Florida 33131.
5. The mailing address for SAN MARINO PINES ASSOCIATES, LTD. is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131.
6. The latest date upon which the limited partnership is to dissolve is December 31, 2025, unless otherwise agreed in writing by the partners.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of San Marino Pines Associates, Ltd. this 14th day of September, 1995.

GENERAL PARTNER:

LANCASTER DEVCORP, INC.
a Florida corporation

By: W. Douglas Pitts
W. Douglas Pitts, President

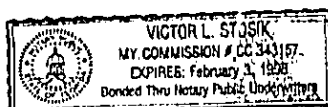
STATE OF FLORIDA)
 SS:
COUNTY OF DADE)

BEFORE ME, personally appeared W. Douglas Pitts, known to me to be President of LANCASTER DEVCORP, INC., a Florida corporation, the General Partner of SAN MARINO PINES ASSOCIATES, LTD., in the foregoing instrument, and known to me to be the person who executed the same, and he acknowledged before me that said instrument is his act and deed and that he executed the same for the purposes therein expressed in the capacities stated herein. He is personally known to me and did/did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 14th day of September, 1995.

Victor L. Storch
Name: Victor L. Storch
NOTARY PUBLIC, State of Florida

My Commission Expires:



LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHO PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

SAN MARINO PINES ASSOCIATES, LTD., with its principal place of business at 701 Brickell Avenue, Suite 1400, Miami, Florida 33131, has named W. Douglas Pitts, located at 701 Brickell Avenue, Suite 1400, Miami, State of Florida, as its Agent to accept service of process within Florida.

GENERAL PARTNER:

LANCASTER DEVCORP, INC.
A Florida corporation

By: [Signature]
W. Douglas Pitts, President

Date: September 14th, 1995

Having been named to accept service of process as statutory registered agent for the above stated limited partnership, at the place designated in this certificate, I hereby agree to act in that capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 Florida Statutes.

[Signature]
W. Douglas Pitts,
Registered Agent

Date: September 14th, 1995

FILED
1995 SEP 18 AM 9:44
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
1995 SEP 18 AM 9:44
JULIAN, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared W. Douglas Pitts, the President of Lancaster Devcorp, Inc., a Florida corporation, and the sole general partner of San Marino Pines Associates Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. The amount of the initial capital contributions made by the limited partners to the Partnership is, in the aggregate, \$1,000.00.

2. At this time, the anticipated amount of the capital contributions to be made by the limited partners to the Partnership is, in the aggregate, \$6,000.00.

Under 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.

GENERAL PARTNER:

LANCASTER DEVCORP, INC.
a Florida corporation

By: W. Douglas Pitts
President

Date: September 14th, 1995
Miami, Florida

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared W. Douglas Pitts, as President of Lancaster Devcorp, Inc., a Florida corporation and the sole general partner of San Marino Pines Associates, Ltd., known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as the President of the General Partner of said Partnership. He is personally known to me and did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 14th day of September, 1995.

Victor L. Stosik
Name: VICTOR L. STOSIK
NOTARY PUBLIC, State of Florida
at Large

My Commission Expires:

(LGL\SMP-A.CC)



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Candice Muthamy
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 MAR -8 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

DOCUMENT #
A95000001399

SAN MARINO PINES ASSOCIATES, LTD.

Mailing Address

701 BRICKELL AVE.
STE. 1400
MIAMI FL 33131

Office/Post Office Address

701 BRICKELL AVE.
STE. 1400
MIAMI FL 33131

If Mailing Address and Office/Post Office Address are the same, check this box and enter only one address in both 7a and 7b.

3. Date of Return or Report (DD/MM/YYYY)
FLORIDA 09/18/1995

3a. Date of Last Report

4. State or Country of Incorporation
FL

5a. Capital Contributions in Shares
and Dollars
\$6,000.00

5b. Amount of Capital contributed in
FLORIDA Dollars
\$0

6. Filing Method
☒ Applied For
☐ Not Applicable

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 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$130.75 (pursuant to section 607.103 F.S.)
THE AMOUNT DUE SHALL BE PAID TO THE STATE OF FLORIDA, TREASURY DEPARTMENT, P.O. BOX 1600, TALLAHASSEE, FLORIDA 32304.
If the amount entered in 5b is greater than amount entered in 5a, a supplemental filing fee must be submitted along with a separate and appropriate filing fee.
MAILED PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS
701 BRICKELL AVENUE
SUITE 1400
MIAMI FL 33131

10. If changed, new Registered Agent's Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. # etc.

City

FL

Code

10a. Pursuant to the provisions of sections 620.107(1) and 620.107(2), 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 620.107, 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)

LANCASTER DEVCORP, INC.

11a. Address of Each General Partner
(Do not include P.O. Box or Post Office)

701 BRICKELL AVE., ST

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registered
Document Number

M34390

500001742855
-03/13/95--01125--016
[illegible]

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information submitted on this form is true and correct to the best of my knowledge and belief, and that I am a general partner in the limited partnership named above. I am familiar with and accept the obligations of section 620.107, Florida Statutes. If the information submitted on this form is false or misleading, I understand that I may be subject to criminal and civil penalties, including fines and imprisonment, and that I may be liable for the costs and expenses of the State of Florida in bringing such action.

SIGNATURE

Douglas H. Bridges, Treasurer
Lancaster Devcorp Inc.

DATE

2/20/96

Telephone Number

305-379-8467

Typed or Printed Name of General Partner(s) (if any)