Document Number Only

A95000001494

95 OCT -5 PM 1:11

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

CORPORATION(S) NAME

Tennessee Plantation Apartments, Ltd.

( ) Profit
( ) NonProfit
( ) Limited Liability Company
( ) Foreign
(X) Limited Partnership
( ) Reinstatement

( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation

( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
(X) CUS 6/8

(X) Certified Copy
( ) Photo Copies

( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Call If Problem
( ) Will Wait

( ) After 4:30
(X) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

10/5/95 10:57:03
3.00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

TRANSEASTERN PLANTATION APARTMENTS, LTD.,

a Florida limited partnership

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, certifies as follows:

1. Partnership Name. The name of the partnership is Transeastern Plantation Apartments, Ltd. (the "Partnership").

2. Partnership Office and Mailing Address. The office of the Partnership and its mailing address are: 3300 University Drive, Coral Springs, Florida 33065.

3. Name and Address of Registered Agent. The name and address of the registered agent of the Partnership are: C T Corporation System, 1200 S. Pine Island Road, Plantation, Florida 33324.

4. Name and Address of General Partner. The name and business address of the general partner are: Transeastern Plantation Apts., Inc., 3300 University Drive, Coral Springs, Florida 33065. P95000042311

5. Dissolution. The latest date upon which the Partnership may dissolve is October 1, 2025.

6. Affidavit Regarding Capital. The affidavit regarding capital contributions is attached hereto.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Transeastern Plantation Apartments, Ltd., this 27th day of September, 1995.

TRANSEASTERN PLANTATION APTS., INC.
"General Partner"

By: Stan Cameron V.P.
STAN CAMERON, as its
VICE PRESIDENT

(SEAL)

95 OCT -5 PM 1:35

AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared STAN CAMERON, affiant herein, who being sworn on oath deposes and says:

1. I am the VICE PRESIDENT of Transeastern Plantation Apts., Inc., the general partner of Transeastern Plantation Apartments, Ltd., a Florida limited partnership (the "Partnership").

2. The limited partners of the Partnership have contributed capital in the sum of $-0-.

3. The limited partners of the Partnership anticipate the amount to be contributed is a maximum of $700,000.

4. Under penalties of perjury, I declare that I have examined this Affidavit, and to the best of my knowledge and belief it is true, correct and complete.

Stan Cameron V.P.
STAN CAMERON

SWORN TO AND SUBSCRIBED before me this 27th day of September, 1995, by STAN CAMERON, who is personally known to me OR who produced _____ as identification and who did _____ take an oath.

Christina Gatto
Notary Signature

Christina Gatto
Print Notary Name

NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
CHRISTINA GATTO
COMMISSION # CC 481371
EXPIRES SEPTEMBER 02, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

H:\3870\9422\DBN921.JW/cs

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for Transeastern Plantation Apartments, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

C T CORPORATION SYSTEM

By: Connie Bryan
CONNIE BRYAN, as its
SPECIAL ASSISTANT SECRETARY

(SEAL)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -5 PM 1:11

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. TRANSEASTERN PLANTATION APARTMENTS, LTD.

1a. DOCUMENT # A95000001494

DO NOT WRITE IN THIS SPACE

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

Mailing Address
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Principal Office Address

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

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
AUGUST 30, 1995	NEW BUS.	FLORIDA

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$700,000.00		65-0619993		[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, $136.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $136.75) AND NO MORE THAN $574.25 ($437.50 + $136.75)
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.

CWS

12/1/15

9. Name and Address of Current Registered Agent

EDWARD FALCONE
3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

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 [redacted] 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 12-11-95

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
TRANSEASTERN PLANTATION APARTMENTS, INC.	3300 UNIVERSITY DR.	CORAL SPRINGS, FL	P95000042311

000001663540
-12/18/95--01013--010
****585.00 ****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 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 _____ V.P. DATE _____

Typed or Printed Name of General Partner Signing Form EDWARD FALCONE Telephone Number (954)346-9700