A95000001501

RUDEN, McCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

MIAMI
NAPLES
SARASOTA

200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301

POST OFFICE BOX 1900
FORT LAUDERDALE, FLORIDA 33302

(305) 764-6660
MIAMI (305) 789-2700
BOCA RATON (407) 392-9771
FAX (305) 764-4996

ST. PETERSBURG
TALLAHASSEE
TAMPA

WRITER'S DIRECT DIAL NUMBER
(305) 761-2910

October 9, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attention: Registration and Qualification Section

Re: SCV, Ltd. (the "Limited Partnership")
Document Number: A95000001501

Dear Sir or Madam:

The above named Limited Partnership filed their Certificate of Limited Partnership on October 6, 1995 and stated the mailing address as 19593 N.E. 10th Avenue, North Miami Beach, Florida, 33179. In the interim the Limited Partnership obtained a different mailing address for the business. Please have the mailing address only changed to the following in your records:

4500 North Hiatus Road, #213
Fort Lauderdale, Florida 33351

RECEIVED
95 OCT 10 PM 12:30
DIVISION OF CORPORATION

Should you have any questions regarding this matter, please do not hesitate to contact me at (305) 761-2910.

Very truly yours,

RUDEN, McCLOSKY, SMITH,
SCHUSTER & RUSSELL, P.A.

Michele Grabasch
Legal Assistant for the
Corporate and Finance Department

cc: Vincent Montelione

10-12-95

FTL:95207:1

SENT BY:RUDEN M[illegible]OSK [illegible]:21 [illegible]

A95000001501

10/30/95 FLORIDA DIVISION OF CORPORATIONS 4:20 PM
PUBLIC ACCESS SYSTEM
(((H95000012159))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: RUDEN, MCCLOSKY, SMITH, SCHUSTER & R
200 E BROWARD BLVD
PO BOX 1900
FT LAUDERDALE FL 33302-
CONTACT: ANNE MARIE LA FERLA
PHONE: (305) 764-6660
FAX: (305) 764-4996

(((H95000012159))) DOCUMENT TYPE: REGISTERED AGENT CHANGE
NAME: SCV, LTD.
FAX AUDIT NUMBER: H95000012159 CURRENT STATUS: REQUESTED
DATE REQUESTED: 10/30/1995 TIME REQUESTED: 16:20:50
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 2 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $35.00 ACCOUNT NUMBER: 076077000521

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000012159)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Alt-Z FOR HELP• VT102 • FDX • 9600 E71 • LOG CLOSED • PRT OFF • 9600

Corrected - 4 pages ✓
Linda

FILED
95 OCT 31 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
95 OCT 31 AM 8:29
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 620.0501 and 620.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1) The name of the Corporation is:

SCV, Ltd.

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95 OCT 31 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2) The address of its present registered agent is:

19593 N.E. 10th Avenue
North Miami Beach, Florida 33179

3) The address to which its registered agent is to be changed is:

4500 North Hiatus Road, #213
Ft. Lauderdale, Florida 33351

4) The name of its present registered agent is:

Vincent Montelione

5) The name of its successor registered agent is:

Vincent Montelione

The address of its registered agent and the address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by the general partner.

Dated October 16, 1995

SCV, Ltd

General Partner:

SCV Holdings, Inc., a Florida Corporation

SIGNATURE: _____
Vincent Montelione, President

DATE: October 16, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: _____
Vincent Montelione, Registered Agent

Filing Fee: $35.00

DATE: October 16, 1995

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314

Prepared by: Joseph T. Ducanis, Esq., FL Bar #0857350
Ruden McClosky, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

FTL:95181:1

A95000001501

10/06/95 11:12 FLORIDA DIVISION OF CORPORATIONS 1:34 PM
(((H95000011212))) PUBLIC ACCESS SYSTEM
TO: DIVISION OF CORPORATIONS ELECTRONIC FILING COVER SHEET
DEPARTMENT OF STATE FROM: KUDEN, MCCLOSKY, SMITH, SCHUSTER & R
STATE OF FLORIDA 200 E BROWARD BLVD
409 EAST GAINES STREET PO BOX 1900
TALLAHASSEE, FL 32399 FT LAUDERDALE FL 33302- -0000
FAX: (904) 922-4000 CONTACT: ANNE MARIE LA FERLA
PHONE: (305) 764-6660
FAX: (305) 764-4896

(((H95000011212))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: SCV, LTD.
FAX AUDIT NUMBER: H95000011212 CURRENT STATUS: REQUESTED
DATE REQUESTED: 10/06/1995 TIME REQUESTED: 13:34:43
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 5 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $140.00 ACCOUNT NUMBER: 076077000521

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
(((H95000011212)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Alt-Z FOR HELP° VT102 ° FDX ° 9600 E71 ° LOG CLOSED ° PRT OFF ° 9600

A95000001501

Name Availability	GSH
Document Examiner	GSH
Updater	GSH
Updater Verifyer	GSH
Acknowledgement	GSH
W. P. Verifyer	GSH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:54

95 OCT -6 PM 3:18

#95000011212

CERTIFICATE OF LIMITED PARTNERSHIP OF SCV, LTD.

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is:

SCV, Ltd.

2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (the "Act") is 19593 N.E. 10th Avenue, North Miami Beach, Florida 33179.

3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Vincent Montelione, c/o SCV Holdings, Inc. 19593 N.E. 10th Avenue, North Miami Beach, Florida 33179.

4. The name and business address of each General Partner of the Partnership is as follows:

GENERAL PARTNER	BUSINESS ADDRESS
SCV Holdings, Inc. ✓	19593 N.E. 10th Avenue North Miami Beach, Florida 33179

P95000074571

5. A mailing address for the Partnership is 19593 N.E. 10th Avenue, North Miami Beach, Florida 33179.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:54

#95000011212

Prepared by: Joseph T. Ducanis, Esq., FL Bar #0857350
Ruden Barnet, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

6. The latest date upon which the Partnership is to dissolve is December 31, 2021, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement.

7. An affidavit as to capital contributions of the limited partners is submitted herewith and hereby incorporated herein by reference.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 29 th day of September, 1995.

GENERAL PARTNER:

SCV Holdings, Inc.,
a Florida corporation

By: _____
Vincent Mandiliano
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:54

Prepared by: Joseph T. Ducanis, Esq., FL Bar #0857350
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

B95000011212

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of SCV, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act.

DATED this 29 day of September, 1995.

SCV HOLDINGS, INC.

By: _____
Vincent Montalbano
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:54

B95000011212

Prepared by: Joseph T. Ducanis, Esq., FL Bar #0357350
Roden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

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AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF SCV, LTD.

The undersigned, constituting the General Partner of SCV, Ltd. (the "Partnership"), a Florida limited partnership, certifies as follows:

Upon the formation of the Partnership, the limited partners' contributions of cash and property to the Partnership have a value of $100 and no additional capital contributions are anticipated to be made by the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury the undersigned declares that the foregoing has been read and that the facts alleged are true, to the best of the undersigned's knowledge and belief.

SCV HOLDINGS, INC.,
a Florida corporation

By: _____
Vincent Montalbano
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -6 PM 3:54

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Prepared by: Joseph T. Decanis, Esq., FL Bar #0857350
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

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

A95 00001501

LIMITED PARTNERSHIP ANNUAL REPORT 1995

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

FILED
96 APR 10 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership

SCV, Ltd.

1a. DOCUMENT # A95000001501

96-AR CM

Mailing Address	Principal Office Address
19595 N. E. 10th Avenue North Miami Beach, FL 33179	19595 N.E. 10th Avenue North Miami Beach, FL 33179

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: 10/06/95

3a. Date of Last Report: N/A

4. State or Country of Formation: Florida

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

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

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED
X Applied For
Not Applicable

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 f .
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

Montelione, Vincent
4500 N. Hiatus Road
#213
Ft. Lauderdale, FL 33351

10. If changed, new Registered Agent/Office

Name: Montelione, Vincent
Street Address (P.O. Box Number is Not Acceptable): 19595 N.E. 10th Avenue
Suite, Apt. #, etc.
City: North Miami Beach
FL
Zip Code: 33179

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) X _____ DATE 4/9/96

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
SCV Holdings, Inc.	19595 N.E. 10th Ave.	N. Miami Beach, FL 33179	P95000074571

300001779853
-04/15/96--01041--008
****191.25 ****191.25

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 X _____ DATE 4/9/96

Typed or Printed Name of General Partner Signing Form: Vincent Montelione, President of General Partner
Telephone Number: (305) 653-9098

CR2E003 (6/95)