

CAPITAL CONNECTION, INC.

417 - Virginia St. Suite 1000, San Francisco, CA 94102-4177
 Mailing Address: 417 - Virginia St. Suite 1000, San Francisco, CA 94102-4177

A95000001527

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RECEIVED

95 OCT 10 AM 9:33

WALK-UP PICKUP

W45000020128

BK
10/11/95

C. TAX _____
 FILING _____ *700.00*
 R. AGENT FEE _____ *35.00*
 C. COPY _____ *52.50*
 TOTAL _____ *787.50*
 N. BANK _____
 BALANCE DUE _____
 REFUND _____

REQUEST	TAKEN	COMPLETED	APPROVED
DATE	<i>NC</i>		
TIME			CK No. _____
BY			

WALK-UP
 WHEN Pick Up *10/10 12:00*

	C.C. FEE.	DISBURS.
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input checked="" type="checkbox"/> Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership Filing		
<input checked="" type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> 1 Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U A.		
<input type="checkbox"/> Pictious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Statement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
Corporals Kit	300001611373	
Vehicle Search	-10/16/95 - 01020-002	
Driving Record	****787.50 ****787.50	
Document Retrieval		
UCC 1 to 3 Filing		
UCC 11 Search		
UCC 11 Retrieval		
Filing No. & Copies		
Counter Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX ()	pgs.	

C.C. FEE. DISBURS.

95 OCT 11 PM 12:12
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SUBTOTALS	
FEE	\$
DISBURSED	\$
CHARGE	\$
TAX on corporate supplies	\$
SUBTOTAL	\$
PREPAID	\$
BALANCE DUE	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 10% per Annum.

THANK YOU
 from
 Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

of

OCEAN OAKS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 11 PM 12:12

The undersigned, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act (1986), certifies:

1. The name of the limited partnership ("Partnership") shall be **Ocean Oaks, Ltd.**

2. The character of the Partnership business shall be to acquire, own, maintain, and operate real property in the Nassau County, Florida.

3. The principal place of business and mailing address of the Partnership shall be at 9080 Golfside Drive, Jacksonville, Florida 32256 and the name and address of the registered agent for service of process pursuant to Section 620.105, Florida Statutes (1993) and the registered office are as follows:

Clifford B. Newton
10192 San Jose Boulevard
Jacksonville, Florida 32257

4. The name and address of the General Partner are as follows:

94500005636
Ocean Oaks, Inc., a Florida corporation
9080 Golfside Drive
Jacksonville, Florida 32256

5. The term of the Partnership shall begin on the date of the filing of this Certificate of Limited Partnership with the Department of State of the State of Florida, and shall continue until June 1, 2000, unless sooner terminated by law or the terms of the partnership agreement.


6. No Limited Partner shall have the right to assign, transfer, or sell their interests as limited partners or any part thereof, and any attempted assignment shall be void and shall not bind the partnership. No limited partner shall pledge, encumber or otherwise dispose of or hypothecate all or any part or parts of their interest as limited partners unless the General Partner consents in writing.

IN WITNESS WHEREOF, the General Partner has executed this
Certificate of Limited Partnership this 9 day of October, 1995.
UNDER PENALTIES OF PERJURY, I AFFIRM THAT THE FOREGOING STATEMENTS ARE TRUE.

GENERAL PARTNER:

OCEAN OAKS, INC.

By:


Charles Atkerson
Its President

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT 11 PM 12:12

CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED

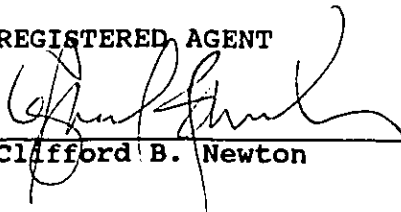
FILED STATE
DIVISION OF CORPORATIONS
95 OCT 11 PM 12:12

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST, that Ocean Oaks, Ltd., desiring to organize as a limited partnership under the laws of the State of Florida, with its principal place of business at 9080 Golfside Drive, Jacksonville, Florida, 32256, has named Clifford B. Newton located at the registered office of the limited partnership, to-wit, 10192 San Jose Boulevard, Jacksonville, Florida, 32257, as its Agent to accept service of process within this state.

Having been named to accept service of process for the above stated limited partnership 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 registered agent set forth in the Florida Statutes.

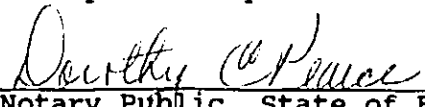
REGISTERED AGENT

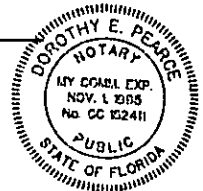

Clifford B. Newton

STATE OF FLORIDA

COUNTY OF DUVAL

Sworn to and subscribed before me this 9th day of October, 1995, by Clifford B. Newton who is personally known to me.


Notary Public, State of Florida



AFFIDAVIT
Accompanying Certificate of Limited Partnership of
OCEAN OAKS, LTD.

FILED STATE
SECRETARY OF CORPORATIONS
95 OCT 11 PM 12:12

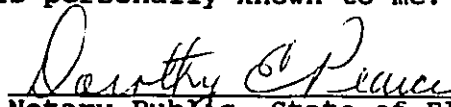
STATE OF FLORIDA
COUNTY OF DUVAL

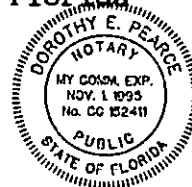
Before me, the undersigned authority, personally appeared this day CHARLES ATKERSON who, after being first duly sworn, states as follows:

1. I am the president of Ocean Oaks, Inc., the general partner of Ocean Oaks, Ltd. (the "Partnership"), a Florida Limited Partnership to be filed with the Department of State, State of Florida, with this affidavit attached.
2. I know of my own personal knowledge that the capital contribution of the limited partners of the Partnership is \$100,000.00.
3. This affidavit is made in compliance with the provisions of Section 620.108, Florida Statutes (1997).


Charles Atkinson

Sworn to and subscribed before me this 9 day of October, 1995 by Charles Atkinson who is personally known to me.


Notary Public, State of Florida



**Affidavit
Accompanying Certificate of Limited Partnership of
OCEAN OAKS, LTD.**

STATE OF FLORIDA

COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared this 10th day RENE DOSTIE, JR. who, after being first duly sworn, states as follows:

1. I am the ^{Vice} president of Ocean Oaks, Inc., a Florida corporation, the general partner of Ocean Oaks, Ltd. (the "Partnership"), a Florida limited partnership to be filed with the Department of State, State of Florida, with this affidavit attached.

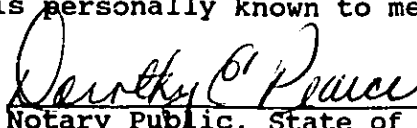
2. I know of my own personal knowledge that the capital contribution of the limited partners of the Partnership is \$100,000.00 and no further contributions are anticipated.

3. This affidavit is made in compliance with the provisions of Section 620.108, Florida Statutes (1993).



RENE DOSTIE, JR.

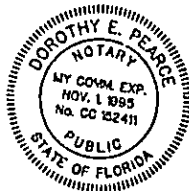
Sworn to and subscribed before me this 10th day of October, 1995 by RENE DOSTIE, JR. who is personally known to me.



Notary Public, State of Florida

Dorothy E. Pearce

Notary's printed name



FILED
DIVISION OF CORPORATIONS
95 OCT 11 PM 12:42

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAR 11 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

OCEAN OAKS, LTD.

1a. DOCUMENT #
A95000001527

Mailing Address

8080 GOLFSIDE DRIVE
JACKSONVILLE FL 32256

Principal Office Address

8080 GOLFSIDE DRIVE
JACKSONVILLE FL 32256

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. 4000001741384
-03/13/96--01052--008
City, State & Zip *****576-25 *****576-25

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

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 10/11/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record \$100,000.00

5b. Amount of Capital Contributions in
FLORIDA to date \$ 100,000.00

6. FEI Number

59-3351964

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

Yes ☐ 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 \$47.50
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 \$578.25 (\$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

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

DATE 3/5/96

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)

OCEAN OAKS, INC.

11a. Address of Each General Partner
(Do NOT Use P.O. Box Numbers)

8080 GOLFSIDE DRIVE

11b. City, State & Zip Code

JACKSONVILLE FL 32256

11c. Registration/
Document Number

P95000050036

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 report was 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 3/4/96

Typed or Printed Name of General Partner Signing Form

Rene Dostie Jr.

Telephone Number 904-737-6900

CR2E003 (1/1995)