

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-9300 FAX

800-342-8086



A95000001608

ACCOUNT NO. : 072100000032

REFERENCE : 716774 4656A

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia Pyatt

ORDER DATE : October 25, 1995

ORDER TIME : 11:37 AM

900001619879

ORDER NO. : 716774

CUSTOMER NO: 4656A

CUSTOMER: Elizabeth Galvin, Legal Asst
GREENBERG TRAURIG HOFFMAN
LIPOFF ROSEN & QUENTEL, P. A.
1221 Brickell Avenue
22nd Floor
Miami, FL 33131-3238

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 4:58

DOMESTIC FILING

RECEIVED
October 25, 1995

NAME: LAUDONNIERE APARTMENTS LIMITED
PARTNERSHIP

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynne Roberts

EXAMINER'S INITIALS:

10/25/95
13K

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Cesar L. Alvarez
Liliana Armas
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Charles M. Auslander
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Glenn E. Goldstein
Joseph G. Goldstein
Steven S. Goodman
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Jeffrey A. Hirsch

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Larry J. Hoffman
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Andrew Hulsh
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Kerry White
William S. Winkler
Jerrold L. Wight
Timothy D. Wolk
Linda A. Worton
Arthur C. Young
Julie A. Zimiser
Robert A. Zinn

Of Counsel

Arnold J. Hoffman
Patricia Menendez Camlin
Ambler H. Moss, Jr.
Patrick T. O'Brien
Allan Salovin
Paul E. Shapiro
H. Allan Shore
Marc M. Watson
Julie A.S. Williamson

Melvin N. Greenberg
(1928-1994)

Elizabeth C. Galvin
305-789-5449

October 24, 1995

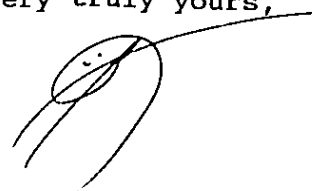
Florida Division of Corporations
LIMITED PARTNERSHIP SECTION
P. O. Box 6327
Tallahassee, Florida 32314

RE: LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP

Enclosed herewith are three originals of the **CERTIFICATE OF LIMITED PARTNERSHIP** for the captioned Partnership. Also enclosed is a check in the amount of: \$ 140.00 to cover the cost of the filing and one certified copy. Please stamp the third copy and return all to me

Thank you for your assistance and should anything further be required, please do not hesitate to contact me.

Very truly yours,



**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1995), and §620.108 of the Florida Statutes, the undersigned, being all of the General Partners of LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP, hereby duly execute and file with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP
2. The business address and the mailing address of the limited partnership is c/o: Jerrold A. Wish, 1221 Brickell Avenue, Miami, FL 33131.
3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:

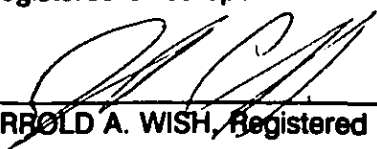
JERROLD A. WISH

4. The Florida street address for the registered agent is:

**1221 Brickell Avenue - 24th Floor
Miami, FL 33131**

5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP, at the place designated in this Certificate of Limited Partnership of LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.


JERROLD A. WISH, Registered Agent

Dated: October 24, 1995.

6. The name and business addresses of the general partners are as follows:

15 ISLE OF VENICE MANAGER, INC.
c/o: Jerrold A. Wish
1221 Brickell Avenue
Miami, FL 33131

WISH G.P., INC.
c/o: Jerrold A. Wish
1221 Brickell Avenue
Miami, FL 33131

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 24 PM 1:58

95000081268

95000081272

7. The latest date upon which the limited partnership is to dissolve is December 31, 2045.

IN WITNESS WHEREOF, the undersigned being all of the General Partners have executed the foregoing Certificate of Limited Partnership on the 24th day of October, 1995 in accordance with §620.114 of the Florida Statutes.

15 ISLE OF VENICE MANAGER, INC., a
Florida corporation, general partner

WISH G.P., INC., a Florida corporation
general partner

BY:

[Signature]
HERB SIDER, President

BY:

[Signature]
JERROLD A. WISH, President

AFFIDAVIT

THE UNDERSIGNED, constituting all of the general partners of LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby certify as follows:

1. The amount of capital contributions to date of the limited partners is \$ -0-.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ -0-.

FURTHER AFFIANT SAYETH NOT.

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.

15 ISLE OF VENICE MANAGER, INC., a
Florida corporation, general partner

WISH G.P., INC., a Florida corporation
general partner

BY:

[Signature]
HERB SIDER, President

BY:

[Signature]
JERROLD A. WISH, President

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 30 PM 3:24

700001623527

1. Name of Limited Partnership

1a. DOCUMENT #
#A95000001608

LAUDONNIERE APARTMENTS LIMITED PARTNERSHIP

2. Mailing Address

Principal Office Address

c/o: Jerrold A. Wish
1221 Brickell Avenue
Miami, FL 33131

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 in
FLORIDA
10-25-95

3a. Date of Last Report
-0-

4. State Country of Formation
FLORIDA

5a. Capital Contributions as Shown
on Record

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED

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 607.103, 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

10. If changed, new Registered Agent/Office

JERROLD A. WISH
1221 Brickell Avenue - 24th Floor
Miami, FL 33131

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 620.102, 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 620.102, 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

WISH G. P., INC.

1221 Brickell Avenue

Miami, FL 33131

P95000031272

15 ISLE OF VENICE MANAGER,
INC.

1221 Brickell Avenue

Miami, FL 33131

P95000081268

APR 52.50
JUN 138.75
191.25

BK 10/30/95

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 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 effect 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.

WISH G. P., INC., a General Partner

SIGNATURE BY:

DATE

Jerrold A. Wish, President

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E03 (6/95)

1204 HAYS STREET
TALLAHASSEE, FL 32304
904-224-1111
904-224-1112

800-342-8086



A95000001608

ACCOUNT NO. : 072100000032

REFERENCE : 720104 4656A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ 191.25

ORDER DATE : October 30, 1995

ORDER TIME : 12:32 PM

ORDER NO. : 720104

CUSTOMER NO: 4656A

CUSTOMER: Elizabeth Galvin, Legal Asst
Greenberg Traurig Hoffman
1221 Brickell Avenue
22nd Floor
Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: LAUDONNIERE APARTMENTS
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: PATTY PIZZUTO

EXAMINER'S INITIALS

10/30/95
B/P

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95 OCT 30 PM 3:24

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95 OCT 30 PM 2:07

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95 OCT 30 PM 2:24