A95000001735

1309 Hays Street
Tallahassee, FL 32301
800-342-8086

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

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95 NOV 16 AM 10:25
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 16 AM 11:06

ACCOUNT NO. : 072100000032

REFERENCE : 723086 7207A

AUTHORIZATION : Patricia Pyjits

COST LIMIT : $ 140.00

ORDER DATE : November 2, 1995

ORDER TIME : 5:34 PM

ORDER NO. : 723086 800001633008

CUSTOMER NO: 7207A

CUSTOMER: Geoffrey S. Mombach, Esq
MOMBACH BOYLE & HARDIN, P.A.

Suite 1950
500 East Broward Boulevard
Fort Lauderdale, FL 333943078

DOMESTIC FILING

NAME: WOODMERE APARTMENTS, LTD.

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

11/16/95

BK

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WOODMERE APARTMENTS LTD.

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1. WOODMERE APARTMENTS, LTD., a Florida limited partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")

2. 899 West Cypress Creek Road, Suite 812, Fort Lauderdale, Florida 33309
(The Business address of Limited Partnership)

3. Geoffrey S. Mombach, Esq.
(Name of Registered Agent for Service of Process)

4. Suite 1950, 500 East Broward Boulevard, Ft. Lauderdale, FL 33394
(Florida Street Address for Registered Agent)

5. Geoffrey S. Mombach
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 899 West Cypress Creek Road, Suite 812, Fort Lauderdale, Florida 33309
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is fifty (50) years from the date of issuance of the Certificate of Limited Partnership.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Woodmere Apartments, Inc. a Florida corporation P95000084238	Suite 812 899 West Cypress Creek Fort Lauderdale, FL 33309

Signed this 21st day of October, 1995.

Signature of all general partners:

WOODMERE APARTMENTS, INC.,
a Florida corporation

By Bob Starnes
Bob R. Starnes, President

(Corporate Seal)

C:\WP60\LIZ\CERT.LP
October 20, 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Woodmere Apartments, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $990.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 990.00.

This 21st day of October, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

General Partner	Woodmere Apartments, Inc., a Florida corporatic General Partner
General Partner	BY: Bob R. Starnes, President
General Partner	General Partner

FILE ON ... WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

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

P95000001735

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DIVISION OF CORPORATIONS
96 JAN -9 PM 4:35

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
Woodmere Apartments, Ltd.

1a. DOCUMENT #
P95000001735

BM

2. New Mailing Address, if Applicable

Suite, Apt. #, etc

City, State & Zip

J10000116362261
-01/11/96--01022--001
****191.25 ****191.25

Mailing Address / Principal Office Address
899 W. Cypress Creek Rd.
Suite 812
Fort Lauderdale, Florida 33309

1/10/96

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

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA
11/16/95

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
$990.00

5b. Amount of Capital Contributions in FLORIDA to date
$990.00

6. FEI Number
Applied for

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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

9. Name and Address of Current Registered Agent
Geoffrey S. Mombach, Esq.
500 E. Broward Blvd., Suite 1950
Fort Lauderdale, Florida 33394

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 620.192, 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
Woodmere Apartments, Inc.	899 West Cypress Creek Suite 812	Fort Lauderdale, FL 33309	P95000084238

CR2E003 (6/95)

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 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 Bob R. Starnes DATE 12/29/95

Typed or Printed Name of General Partner Signing Form Bob R. Starnes Telephone Number 305-771-5822