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95 NOV 30 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/29/95 FLORIDA DIVISION OF CORPORATIONS 3:03 PM
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: HILL, WARD & HENDERSON, P.A.
101 E KENNEDY BLVD
SUITE 3700
TAMPA FL 33602-5184
CONTACT: BARBARA A MURPHY
PHONE: (813) 221-3900
FAX: (813) 221-2900

(((H95000013432))) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: RIDGE MANOR DEVELOPMENT, LTD.
FAX AUDIT NUMBER: H95000013432 CURRENT STATUS: REQUESTED
DATE REQUESTED: 11/29/1995 TIME REQUESTED: 15:02:47
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $140.00 ACCOUNT NUMBER: 072317001716

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95 NOV 30 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF RIDGE MANOR DEVELOPMENT, LTD.

The undersigned parties, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify and swear as follows:

I. Name. The name of the partnership shall be:
RIDGE MANOR DEVELOPMENT, LTD.

II. Name and Address of Registered Agent. The name and address of the agent and office for service of process of the limited partnership shall be:

W. Parkinson Myers
Amned Properties, Inc.
10549 North Florida Avenue, Suite K
Tampa FL 33612

III. General Partner. The name and address of the general partner of the limited partnership is as follows:

Coro Investments of Hernando County, Inc. - P95000085924
c/o Amned Properties, Inc.
10549 North Florida Avenue, Suite K
Tampa FL 33612

IV. Location of Principal Place of Business and Mailing Address. The limited partnership's principal place of business and mailing address shall be:

c/o Amned Properties, Inc.
10549 North Florida Avenue, Suite K
Tampa FL 33612

V. Term. The term for which the limited partnership is to exist will be from the date of the filing of this Certificate of Limited Partnership until dissolution, which shall be:

(a) on December 31, 2034;

(b) the sale, abandonment or disposal by the limited partnership of all or substantially all of its assets;

Prepared by: Andrew J. Lubrano, Esquire
Hill, Ward & Henderson, P. A.
P. O. Box 2231, Tampa FL 33601-2231
(813) 221-3900
Florida Bar Number 263291

(c) the entry of a final judgment, order or decree of a court of competent jurisdiction adjudicating the limited partnership to be bankrupt, and the expiration of the period, if any, allowed by applicable law to appeal therefrom;

(d) any event of dissolution or termination as described in the RIDGE MANOR DEVELOPMENT, LTD. Limited Partnership Agreement;

(e) the determination by the General Partner to dissolve the Partnership.

IN WITNESS WHEREOF, the undersigned has duly sworn to and executed this Certificate on the date and year indicated below.

Executed this 16th day of November, 1995.

"General Partner"

CORO INVESTMENTS OF HERNANDO COUNTY, INC.

By: _____
W. Parkinson Myers,
Executive Vice President

REGISTERED AGENT CERTIFICATE

Having been named to accept service of process for the above stated limited partnership I hereby accept appointment as its agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_____
W. Parkinson Myers

Date: 11/28/95

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE THE UNDERSIGNED, personally appeared W. PARKINSON MYERS, in his capacity as Executive Vice President of CORO INVESTMENTS OF HERNANDO COUNTY, INC., the general partner of RIDGE MANOR DEVELOPMENT, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

The amount of capital contributions to date of the limited partners of the Partnership is $100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $100.00.

Under penalty 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.

DATED this 15th day of November, 1995.

FURTHER AFFIANT SAYETH NOT.

CORO INVESTMENTS OF HERNANDO COUNTY, INC., a Florida corporation,

General Partner

By: [signature]

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this November 15th, 1995, by W. PARKINSON MYERS, as Executive Vice President of CORO INVESTMENTS OF HERNANDO COUNTY, INC. a Florida on behalf of the corporation. He is personally known to me ~~or who has produced~~ ________________ ~~as identification.~~

BARBARA A. MURPHY

[signature: Barbara A. Murphy]
Notary Public
My Commission Expires:
Commission Number:

F:\...\ridgecertif.lis

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 25 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

RIDGE MANOR DEVELOPMENT, LTD.

1a. DOCUMENT # **A95000001839**

3/27 mp DO NOT WRITE IN THIS SPACE

Mailing Address
C/O AMNED PROPERTIES, INC.
10549 NORTH FLORIDA AVENUE, SUITE K
TAMPA FL 33612

Principal Office Address
C/O AMNED PROPERTIES, INC.
10549 NORTH FLORIDA AVENUE, SUITE K
TAMPA FL 33612

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

500001760215
-03/28/96--01009--006
****131.25 ****191.25

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 11/30/1995

3a. Date of Last Report:

4. State or Country of Formation: FL

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

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

6. FEI Number: 59-3348092
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$5.00 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 $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

MYERS, W. PARKINSON
AMNED PROPERTIES, INC.
10549 NORTH FLORIDA AVENUE, STE. K
TAMPA FL 33612

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
CORO INVESTMENTS OF HERNANDO	10549 NORTH FLORIDA A	TAMPA FL 33612	P95000065824

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 W. Parkinson DATE 3/16/96

Typed or Printed Name of General Partner Signing Form: W. Parkinson Myers Telephone Number: (813) 932-2412

CR2E003 (11/95)

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