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JOHNSON-BLAKELY

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November 30, 1995

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DEPARTMENT OF STATE
STATE OF FLORIDA
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TALLAHASSEE, FL 32399
(904) 922-4000

FROM: JOHNSON, BLAKELY, POPE, BOKER, RUPPE
911 CHESTNUT
P.O. BOX 1368
CLEARWATER FL 34617-0000
CONTACT: KRISTEN DECLEENE
PHONE: (813) 461-1818
FAX: (813) 441-8617

H95000013483)))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: ARBUTINE ASSOCIATES LIMITED

FAX AUDIT NUMBER: H95000013483

CURRENT STATUS: REQUESTED

DATE REQUESTED: 11/30/1995

TIME REQUESTED: 15:13:23

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DIVISION OF CORPORATIONS

12-1

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ARBUTINE ASSOCIATES LIMITED
a Florida limited partnership**

The undersigned General Partners, desiring to form a limited partnership pursuant to the laws of the State of Florida, hereby state:

1. The name of the Partnership is ARBUTINE ASSOCIATES LIMITED.
2. The mailing address and address of the principal place of business of the Partnership are: 730 North Indian Rocks Road, Belleair Bluffs, Florida 34640.
3. The name and address of the agent for service of process on the Partnership are:

**PATRICIA L. ARBUTINE
730 North Indian Rocks Road
Belleair Bluffs, Florida 34640**

4. The names and business addresses of the General Partners are:

**MILLER B. ARBUTINE, as Trustee
of the MILLER B. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993
730 North Indian Rocks Road
Belleair Bluffs, Florida 34640**

**PATRICIA L. ARBUTINE, as Trustee
of the PATRICIA L. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993
730 North Indian Rocks Road
Belleair Bluffs, Florida 34640**

5. The latest date upon which the Partnership shall dissolve is December 31, 2045.

The execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**Bruce H. Bokor, Esq.
Johnson, Blakely, Pope, Bokor,
Ruppel & Burns, P.A.
911 Chestnut Street
Clearwater, FL 34616
(813) 461-1818
Florid Bar No: 015340**

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TALLAHASSEE, FLORIDA

11/30/95

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JOHNSON-BLALEY


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IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partners of ARBUTINE ASSOCIATES LIMITED, this 12 day of Nov. 1995.

GENERAL PARTNERS:


MILLER ARBUTINE, as Trustee
of the MILLER B. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993


PATRICIA L. ARBUTINE, as Trustee
of the PATRICIA L. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993

0082745.01(CAB)
(10/17/93-D1)

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority personally appeared MILLER B. ARBUTINE, Trustee of the MILLER B. ARBUTINE REVOCABLE LIVING TRUST, dated February 9, 1993 and PATRICIA L. ARBUTINE, Trustee of the PATRICIA L. ARBUTINE REVOCABLE LIVING TRUST, dated February 9, 1993, the general partners of ARBUTINE ASSOCIATES LIMITED, a Florida limited partnership, who upon being duly sworn, certified as follows:

1. The amount of current and anticipated capital contributions made by the limited partners to the Partnership, in the aggregate, is Ninety-Nine Dollars (\$99.00).
2. Except as set forth in paragraph 1, it is not anticipated that additional capital contributions will be made by the limited partners.

GENERAL PARTNERS:

Miller B. Arbutine

MILLER ARBUTINE, as Trustee
of the MILLER B. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993

Patricia L. Arbutine

PATRICIA L. ARBUTINE, as Trustee
of the PATRICIA L. ARBUTINE
REVOCABLE LIVING TRUST,
DATED FEBRUARY 9, 1993

STATE OF FLORIDA)

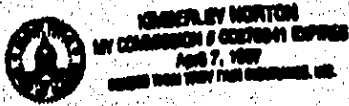
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this ^{29th} day of ~~November~~ 1995, by MILLER B. ARBUTINE, Trustee of the MILLER B. ARBUTINE REVOCABLE LIVING TRUST, dated February 9, 1993, as a general partner of ARBUTINE ASSOCIATES LIMITED, a Florida limited partnership. Said

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individual is personally known to me; or has produced Id. driver license (type of identification) as identification.

Kimberley Norton
(Signature of Notary Public)



(Print, Type or Stamp Commissioned Name of Notary Public)

Date of Expiration and Number

STATE OF FLORIDA)
COUNTY OF PINELLAS)

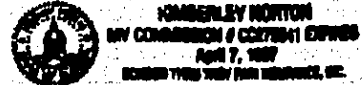
The foregoing instrument was acknowledged before me this 29th day of November, 1995, by PATRICIA L. ARBUTINE, Trustee of the PATRICIA L. ARBUTINE REVOCABLE LIVING TRUST, dated February 9, 1993, as a general partner of ARBUTINE ASSOCIATES LIMITED, a Florida limited partnership. Said individual is personally known to me; or has produced Id. driver license (type of identification) as identification. accure

Kimberley Norton
(Signature of Notary Public)

(Print, Type or Stamp Commissioned Name of Notary Public)

Date of Expiration and Number

0082809.01(cab)
(10/18/95-d1)



11/30/98 10:30

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JOHNSON-BLAKLEY

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**CERTIFICATE DESIGNATING REGISTERED AGENT
AND STREET ADDRESS FOR SERVICE OF PROCESS
WITHIN FLORIDA**

Pursuant to Fla. Stat. §48.061, ARBUTINE ASSOCIATES LIMITED, desiring to organize under the laws of the State of Florida, hereby designates PATRICIA L. ARBUTINE, located at 730 North Indian Rocks Road, Belleair Bluffs, Florida 34640, as its registered agent to accept service of process within the State of Florida.

ACCEPTANCE OF DESIGNATION

The undersigned hereby accepts the above designation as registered agent to accept service of process for the above-named corporation, at the place designated above, and agrees to comply with the provisions of Fla. Stat. §48.061 relative to maintaining an office for the service of process.


PATRICIA L. ARBUTINE

0082745.01(CAB)
(10/17/95-D1)

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAY -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership
1a. DOCUMENT #
A95000001849

ARBUTINE ASSOCIATES LIMITED

2. Now Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip
2a. Now Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

Mailing Address
**730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640**

Principal Office Address
**730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640**

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 **12/01/1995**

3a. Date of Last Report

4. State or Country of Formation
FL

City, State & Zip

5a. Capital Contributions as Shown on Record: **\$99.00**

5b. Amount of Capital Contributions in FLORIDA to date: **0**

6. FEI Number **59-3351118**

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 \$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.

52.50
138.75
191.25

9. Name and Address of Current Registered Agent
**ARBUTINE, PATRICIA L
730 NORTH INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640**

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
ARBUTINE, MILLER B TRUSTEE	730 NORTH INDIAN ROCK	BELLEAIR BLUFFS FL 34	
ARBUTINE, PATRICIA L TRUSTEE	730 NORTH INDIAN ROCK	BELLEAIR BLUFFS FL 34	

0000180683U
-05/03/96--01047--006
***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 *Patricia L. Arbutine* DATE **4/4/96**
Typod or Printed Name of General Partner Signing Form **PATRICIA ARBUTINE** Telephone Number **813/581-6827**

CR2E003 (1/95)