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LAW OFFICES
ELIZABETH C. PINES-CONTE

3301 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134

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(305) 446-7493
FAX: (305) 443-2786

November 24, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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*****87.50 *****87.50

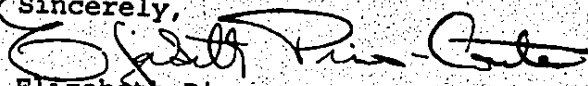
Dear Sir/Madam:

In accordance with Fl. Stat. 620.108 please find enclosed the Certificate and Affidavit for Pines-Highland Square Associates Ltd.. Also enclosed is check No.1054, in the amount of \$1,000.00 drawn on Citibank for the following:

- \$52.50 filing fee of Certificate and Affidavit for Pines-Highland Square Associates, Ltd.; and
- \$35.00 for the designation of the registered agent.

Please send me a certified copy or a certificate under seal to the address listed above.

If you need any additional information, please call me.

Sincerely,

Elizabeth Pines-Conte, Esq.
Registered Agent

Name	12/1/95
Availability	DC
Document	
Examined	
	DC
	DC
Signature	DC
W. P. Verifier	DC


FILED
NOV 28 1995
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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TC
\$1,000.00

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is:
PINES-HIGHLAND SQUARE ASSOCIATES, LTD
2. The business address of the Limited Partnership is:
3301 Ponce de Leon Blvd., PH, Coral Gables, FL 33134
3. The name of Registered Agent for service of process on the Partnership is:
Elizabeth C. Pines-Conte, Esq.
4. The Florida street address for the Registered Agent:
3301 Ponce de Leon Blvd, Suite 200
Coral Gables, FL 33134
5. 
Signature of Registered Agent accepting designation as Registered Agent for Service of Process
6. The mailing address of the Limited Partnership is:
3301 Ponce de Leon Blvd., PH
Coral Gables, FL 33134
7. The latest date upon which the Limited Partnership is to be dissolved is: November 30, 2025.
8. The name and business address of the general partner is as follows:
PINES JACKSONVILLE MANAGEMENT, INC. 3301 Ponce de Leon Blvd, PH
Coral Gables, FL 33134

FILED
195 NOV 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S29722

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 24 day of November, 1995.

Signature of all general partners:
Pines Jacksonville Management, Inc.

By: Ricardo Pines, President
General Partner

FILED

1995 NOV 28 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of
PINES-HIGHLAND SQUARE ASSOCIATES, LTD., a Florida Limited
Partnership, certify:

- The amount of capital contributions to date of the limited
partners is: \$1,000.00.

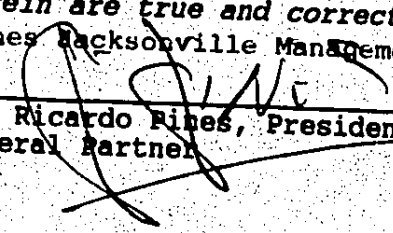
- The total amount contributed and anticipated to be
contributed by the limited partners at this time totals \$1,000.00.

Signed this 24 day of NOVEMBER, 1995.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I declare that I have read the
foregoing and know the contents thereof and that the facts stated
herein are true and correct.*

Pines Jacksonville Management, Inc.


By: Ricardo Pines, President
General Partner

FILED
1995 NOV 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

A9500001850

FILED
95 DEC 18 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
PINES HIGHLAND SQUARE ASSOCIATES, Ltd.

1a. DOCUMENT #
A9500001850

96-AR
LCS
CM

DO NOT WRITE IN THIS SPACE

Mailing Address
Principal Office Address
**3301 Ponce de Leon, Blvd.
Coral Gables, Fl 33134**

2. New Mailing Address, if Applicable
Suite, Apt #, etc
City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA
11/28/95

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
\$ 1,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$ 1,000.00

6. FLS Number
65-0620240

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 607.193, 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.
MAIRC CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
**Elizabeth Pines Conte, Esq.
3301 Ponce de Leon Blvd.
Suite 200
Coral Gables, Fl 33134**

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)
Pines Jacksonville Management, Inc.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
3301 Ponce de Leon Blvd.

11b. City, State & Zip Code
Coral Gables, Fl 33134

11c. Registrar/Document Number
~~A 9500001850~~
\$29722
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******200.00 ****200.00**

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 by me in person. I am the general partner, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE **PINES JACKSONVILLE MANAGEMENT, INC**
DA. ALCARBO PINES DATE **12/6/95**
Typed or Printed Name of General Partner Signing Form Telephone Number **308-529-4448**

CRF2003 (6/95)