

SYSTEMS PROFESSIONAL BUILDING, SUITE 201  
4575 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33140-2101  
TELEPHONE (305) 668-0414  
FAX (305) 668-4011

LAURA L. RUSSO  
EDMUND P. RUSSO  
RONALD G. BAKER  
ELSA ALVAREZ  
ROBERT P. BALZEBRE

November 28, 1995

VIA FEDERAL EXPRESS

100001649081  
-11/29/95--01102--003  
\*\*\*1837.50 \*\*\*1837.50

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

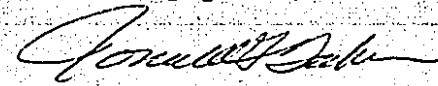
Re: Name of Partnership: 5835 Blue Lagoon Partners, Ltd.  
Our File No: 95B-492

Gentlemen:

Enclosed please find Certificate of Limited Partnership of 5835 Blue Lagoon Partners, Ltd. which we shall appreciate your filing. Also enclosed please find our check for \$1,837.50 to cover the filing fee of \$1,750, certified copy of \$52.50, and the registered agent designation of \$35.

After the Certificate has been filed, we shall appreciate your certifying the enclosed copy and returning it via Federal Express to this office to the attention of the undersigned.

Very truly yours,

  
Ronald G. Baker

RGB:lb  
Enclosures

cc  
12-4-95a

FILED  
1995 NOV 29 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Affidavit of Limited Partners' Contributions

FILED  
1995 NOV 29 AM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, DAVID F. COX, JR., the President of C W S Capital Management III, Inc., the General Partner of 5835 BLUE LAGOON PARTNERS, LTD.. files this Affidavit pursuant to Florida Statutes §620.108 and states:

(1) As of the date of this Affidavit, 5835 BLUE LAGOON PARTNERS, LTD. has received \$ 100,000<sup>00</sup> in contributions from Limited Partners.

(2) 5835 BLUE LAGOON PARTNERS, LTD. anticipates it will receive an additional \$ 1,400,000<sup>00</sup> in contributions from Limited Partners.

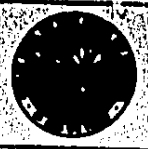
Under penalties of perjury I declare that I have read the foregoing and the facts alleged herein are true and correct to the best of my knowledge.

C W S CAPITAL MANAGEMENT III, INC.

By: David F. Cox, Jr.  
David F. Cox, Jr., President

FILE ON OR BEFORE APRIL 1, 1997 TO AVOID  
REVOCATION AND PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

**FILED**

96 APR -1 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership  
**5835 BLUE LAGOON PARTNERS, LTD.**

1a. DOCUMENT #  
**A9500001859**

Mailing Address: **150 SE 2ND AVE. MIAMI FL 33131**  
Principal Office Address: **150 SE 2ND AVE. MIAMI FL 33131**

2. New Mailing Address, If Applicable  
Suite, Apt. #, etc. # **400001772254**  
**304/08/96--01042--029**  
City, State & Zip **\*\*\*\*585.00 \*\*\*\*585.00**

3. Date Formed or Registered to Do Business in FLORIDA: **11/29/1995**  
3a. Date of Last Report  
4. State or Country of Formation: **FL**

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

5a. Capital Contributions as Shown on Record: **\$1,500,000.00**  
5b. Amount of Capital Contributions in FLORIDA to date  
6. FEI Number: **65-0627606**  
7. CERTIFICATE OF STATUS REQUIRED:  Additional Fee required by a Certificate of Status **XX**

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 \$181.25 (\$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.

*Handwritten initials and number 4-4*

9. Name and Address of Current Registered Agent  
**BAKER, RONALD G  
4875 PONCE DE LEON BLVD. #301  
CORAL GABLES FL 33146**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code: **FL**

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. Registrar's Document Number
<b>C W S CAPITAL MANAGEMENT III</b>	<b>150 SE 2ND AVE.</b>	<b>MIAMI FL 33131</b>	<b>P9500075820</b>

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 *Johny Winters* DATE **3/28/96**  
Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number **305-373-2164**

CR2ED03 (1/795)