

Requestor's Name
 Address
 Tallahassee, FL 32301 (904) 681-9027
 City/State/Zip Phone #

A95000001933

RECEIVED
 DEC 12 26
 DIVISION OF CORPORATIONS

Office Use Only

FILED STATES
 SECRETARY OF CORPORATIONS
 95DEC12 PM 1:54

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FNE Limited Partnership
 (Corporation Name) (Document #)
2. BALCA GOLF VIEW, L.P.
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER REGISTRATIONS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/REINSTATEMENT	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

400001663284
 -12/15/95--01101--015
 ***1846.25 ***1846.25

G. TAX FILING _____
 R. AGENT FEE 1750.00
 C. COPY 35.00
 TOTAL 52.50
 N. BANK 1846.25
 BALANCE DUE _____
 RECEIVED _____

12/12/95

Examiner's Initials B/K

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BOCA GOLF VIEW, LTD.**

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION 12 PM 1:54
95 DEC 12

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, do hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is Boca Golf View, Ltd.
2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act") is 350 West Camino Gardens Boulevard, Suite 303, Boca Raton, Florida, 33432.
3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Boca Golf View Developers, Inc., 350 West Camino Gardens Boulevard, Suite 303, Boca Raton, Florida, 33432.
4. The name and business address of the General Partner of the Partnership is as follows:

GENERAL PARTNER

Boca Golf View Developers, Inc.

950 000 93959

BUSINESS ADDRESS

350 West Camino Gardens Boulevard
Suite 303
Boca Raton, Florida 33432.

5. A mailing address for the Partnership is as follows:

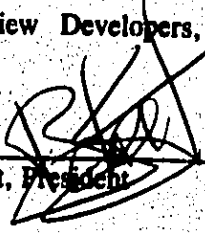
350 West Camino Gardens Boulevard
Suite 303
Boca Raton, Florida 33432

6. The latest date upon which the Partnership is to dissolve is December 31, 2050, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 10 day of NOVEMBER, 1995.

GENERAL PARTNER:

Boca Golf View Developers, Inc., a Florida corporation

By:  PRESIDENT
Brian Street, President

FILED STATE'S
SECRETARY OF CORPORATIONS
DIVISION
DEC 12 PM 1:54

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 12 PM 1:54

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Boca Golf View, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act (1986).

Boca Golf View Developers, Inc., a Florida corporation



Brian Street, President

PRESIDENT

**AFFIDAVIT DECLARING AMOUNT OF
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF
BOCA GOLF VIEW, LTD.**

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The undersigned, constituting the sole General Partner of Boca Golf View, Ltd. ("Partnership"), a Florida limited partnership, certifies as follows:

The limited partners' contributions to the Partnership total \$ 7,500,000.00 at this time and it is anticipated that future contributions of limited partners will total an additional \$ 1,000,000.00.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties 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.

Boca Golf View Developers, Inc., a Florida corporation

Brian Street, President

PRESIDENT

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 27 AM 8:47

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
BOCA GOLF VIEW, LTD.

1a. DOCUMENT #
A95000001933

BOCA GOLF VIEW, LTD.

Mailing Address
**350 WEST CAMINO GARDENS BLVD., SUITE 300
BOCA RATON FL 33432**

Principal Office Address
**350 WEST CAMINO GARDENS BLVD., SUITE 300
BOCA RATON FL 33432**

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
12/12/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$8,500,000.00

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

6. FEI Number
65-0626574

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

SEE: 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 607.103, 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

**BOCA GOLF VIEW DEVELOPERS, INC.
350 WEST CAMINO GARDENS BLVD., SUITE 303
BOCA RATON FL 33432**

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Accepted)

Suite, Apt. #, etc.

City

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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
BOCA GOLF VIEW DEVELOPERS, I	350 WEST CAMINO GARDE	BOCA RATON FL 33432	P95000003959

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 on this form 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. 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 pursuant to section 620.102, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number