

A95000002023

LAW OFFICES

MITCHELL D. KLEIN, P.A.

MITCHELL D. KLEIN

GISELA NANSON TORRES
STACY E. JACOBSON

OF COUNSEL

SHERRI R. WEINERMAN
RONALD R. TORRES

November 20, 1995

Corporate Records Bureau
Division of Corporations
Department of State
409 East Gaines Street
Tallahassee, FL 32399

700001648157
-11/29/95--01012--004
****140.00 ****140.00

Re: Certificate of Limited Partnership
of Sunrise Land Associates, Limited

To Whom It May Concern:

Enclosed please find an original and one (1) copy of the Certificate of Limited Partnership, along with the original Affidavit of Capital Contributions, regarding the above-named corporation. Also, enclosed please find our check in the amount of One Hundred Forty and No/100 (\$140.00) Dollars, representing the following:

Filing Fee	\$ 52.50
Registered Agent Fee	\$ 35.00
Certified Copy	\$ 52.50
	\$140.00

Please file the original Certificate, and return one (1) certified copy to this office.

Thank you for your cooperation in this matter.

Name	
Availability	
Document Examiner	DCC
Updater	ccc
Updater Verifier	
SEJ:ljm	
enc.	
Acknowledgment	11m9389
W. P. Verifier	

Very truly yours,

MITCHELL D. KLEIN, P.A.

STACY E. JACOBSON

A95000002023

1120 EAST HALLANDALE BEACH BOULEVARD
REGENCY PARK OFFICE COMPLEX
HALLANDALE, FLORIDA 33009

BROWARD (305) 456-7733 DADE (305) 949-8983 TELECOPIER (305) 457-7734

FILED

DEC 22 AM 9 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TC
\$100.00

W95000023553

LAW OFFICES
MITCHELL D. KLEIN, P.A.

MITCHELL D. KLEIN

**GISELA NANNON TORRES
STACY E. JACOBSON**

**OF COUNSEL
SHERRI R. WEINERMAN
RONALD N. TORRES**

December 12, 1995

**Diane Cushing, Corporate Specialist
FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Re: Sunrise Land Associates, Limited
Ref. Number: W95000023553**

Dear Ms. Cushing:

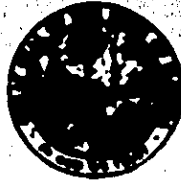
**As per your request, enclosed please find the Acknowledgement of
Registered Agent, with regard to the above referenced
corporation.**

**If you have any questions or comments, please do not hesitate to
contact me.**

Very truly yours,

MITCHELL D. KLEIN

**MDK:ljm
enc.
ljm9450**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 1, 1995

STACY E. JACOBSON
MITCHELL D. KLEIN, P.A.
1120 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

SUBJECT: SUNRISE LAND ASSOCIATES, LIMITED
Ref. Number: W95000023553

We have received your document for SUNRISE LAND ASSOCIATES, LIMITED and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 195A00052493

**CERTIFICATE OF LIMITED PARTNERSHIP OF
SUNRISE LAND ASSOCIATES LIMITED**

Pursuant to Section 620.108 of the Florida Statutes, this Certificate of Limited Partnership is duly executed and filed on behalf of SUNRISE LAND ASSOCIATES LIMITED, a Florida Limited Partnership (the "Partnership"), by the undersigned General Partner, who hereby states the following:

1. The name of the Partnership is SUNRISE LAND ASSOCIATES LIMITED.

2. The address of the offices of the Partnership required to be maintained pursuant to Section 620.105 of the Florida Statutes is:

12000 Biscayne Boulevard
Penthouse 810
Miami, Florida 33181

3. The name and address of the agent for service of process required to be maintained pursuant to Section 620.105 of the Florida Statutes is:

Mitchell D. Klein, Esquire
1120 E. Hallandale Beach Blvd.
Hallandale, Florida 33009

4. The name and business address of the General Partner is:

SUNRISE LAND ASSOCIATES, INC.
12000 Biscayne Boulevard
Penthouse 810
Miami, Florida 33181

5. The mailing address of the Partnership is:

12000 Biscayne Boulevard
Penthouse 810
Miami, Florida 33181

6. The latest date upon which the Partnership is to dissolve is: December 31, 2050.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation that the facts stated herein are true.

FILED
95 DEC 22 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000088211

IN WITNESS WHEREOF, this Certificate of Limited Partnership
has been executed by the undersigned General Partner this 15 day
of NOVEMBER, 1995.

SUNRISE LAND ASSOCIATES, INC.
a Florida corporation

By: R. Scott Ireland
R. Scott Ireland, President

mr8492

FILED
95 DEC 22 AM 9 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting all of the General Partners of SUNRISE LAND ASSOCIATES LIMITED, a Florida Limited Partnership, certify as follows:

1. The amount of capital contributions to date of the Limited Partners is \$1,000.00.

2. The amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$1,000.00.

This 15th day of November, 1995.

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.


R. Scott Ireland, President
SUNRISE LAND ASSOCIATES, INC.

STATE OF FLORIDA)
SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared, R. SCOTT IRELAND, to me known to be the individual described in and who executed the foregoing instrument as the President of the above named SUNRISE LAND ASSOCIATES, INC., and severally acknowledged to and before me that he executed such instrument as the President of said Corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said Corporation and that it was affixed to said instrument by due and regular corporate authority, and that said instrument is the fee act and deed to said Corporation.

WITNESS, my hand and official seal in the County and State last aforesaid this 17th day of November, 1995.


NOTARY PUBLIC, State of Florida
My Commission Expires



ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been named to accept service of process of the above-stated corporation, at the place designated in this Certificate of Limited Partnership of Sunrise Land Associates Limited, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping said office open.


MITCHELL D. KLEIN

FILED
95 DEC 22 AM 9 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE APRIL 1, 1997
REVOCATION AND FIDELITY BOND

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

96 MAR 29 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

SUNRISE LAND ASSOCIATES LIMITED

1a. DOCUMENT #
A95000002023

96.AR
CM

Mailing Address

12000 BISCAYNE BOULEVARD, PENTHOUSE 810
MIAMI FL 33181

Principal Office Address

12000 BISCAYNE BOULEVARD, PENTHOUSE 810
MIAMI FL 33181

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 12/22/1985

3a. Date of Last Report

4. State or Country of Formation
FL

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

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number
65-0651963

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 5a or 5b 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

KLEIN, MITCHELL D ESQUIRE
1120 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33008

10. If changed, new Registered Agent/Office

Name
R. Scott Ireland
Street Address (P.O. Box Number is Not Acceptable)
12000 Biscayne Blvd.
Suite, Apt. #, etc.
Penthouse 810
City
Miami
Zip Code
FL 33181

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)

P. S. Ireland

DATE 3/27/96

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)

SUNRISE LAND ASSOCIATES, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers.)

12000 BISCAYNE BLVD.,
Penthouse 810

11b. City, State & Zip Code

MIAMI FL 33181

11c. Registration/
Document Number

P0000000211

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 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

P. S. Ireland

DATE 3/27/96

Typed or Printed Name of General Partner Signing Form

R. Scott Ireland, President, Sunrise
Land Associates, Inc., Gen'l Ptnr.

Telephone Number 305 891 6806

CR2E003 (11/95)