

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE N. 1-800-342-8063

FAX N. 1-222-1222

A95000002030

NAME _____
FIRM _____
ADDRESS _____
PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Name	12/28/95
Availability	OK
Document	DOC
Fee	DOC
Service	DOC
W. P. Verifier	DOC

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY PRK _____

WALK-IN
WH Pick Up 1226 1100

RE: Encksen Partnership

Art. of Inc. File _____
Corp. Record Search _____
Ltd. Partnership File _____
Foreign Corp. File _____
() Cert. Copy(s) _____

Art. of Amend. File _____
Dissolution/Withdrawal _____
C U S - _____
Fictitious Name File _____

Name Reservation _____
Annual Report/Reinstatement _____
Reg. Agent Service _____
Document Filing _____

Corporate Kit _____
Vehicle Search _____
Driving Record _____
Document Retrieval _____

UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
File No.'s _____ Copies _____

Courier Service _____
Shipping/Handling _____
Phone () _____
Top Priority _____
Express Mail Prep. _____
FAX () _____ pgs. _____

SUBTOTALS _____

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

BALANCE DUE..... \$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% pr. Annum.

THANK YOU
from
Your Capital Connection

Certificate of Limited Partnership

of

ERICKSEN/POINTE PARTNERSHIP, LTD.

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), the undersigned general partner hereby certifies as follows:

1. Name: The name of the limited partnership is:

ERICKSEN/POINTE PARTNERSHIP, LTD.

2. Registered Office and Registered Agent: The address of the office at which the limited partnership will keep the records required by Section 620.106 F.S. shall be maintained at:

6318 Trail Boulevard
Naples, FL 33963

and the name and address of the agent for the service of process required to be maintained by Section 620.105 F.S. shall be:

Grover G. Erickson
6318 Trail Boulevard
Naples, FL 33963

3. General Partners: The name and business address of the Corporate General Partner is as follows:

K08738
Erickson Communities, Inc., a Florida corporation
6318 Trail Boulevard
Naples, FL 33963

The name and business address of the Individual General Partner is as follows:

Grover G. Erickson
6318 Trail Boulevard
Naples, FL 33963

4. Mailing Address: The mailing address of the limited partnership shall be:

6318 Trail Boulevard
Naples, FL 33963

5. Date of Dissolution: The latest date upon which the limited partnership is to dissolve is December 31, 2014.

6. Effective Date: The effective date of the formation of the limited partnership shall be the time this Certificate of Limited Partnership is filed with the Florida Department of State.

FILED
95 DEC 26 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned general partner, hereby executes this Certificate of Limited Partnership as of December 20, 1995.

Ericksen Communities, Inc.

By: [Signature]
GROVER G. ERICKSEN
President

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 20th day of December, 1995, by GROVER G. ERICKSEN, as President of Ericksen Communities, Inc., a Florida corporation, on behalf of the corporation. GROVER G. ERICKSEN is personally known to me and did not take an oath.



[Seal]

Patricia S. Knapp
Notary Public

Patricia S. Knapp
Printed Name

FILED
95 DEC 26 PM 2:00
CLERK OF DISTRICT COURT
LAHASSER, FLORIDA

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared GROVER G. ERICKSEN, who after first being duly sworn on his oath deposes and says:

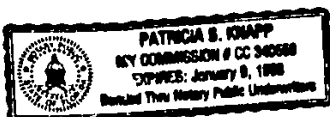
1. Affiant is the President of Ericksen communities, Inc., the general partner of Ericksen/Pointe Partnership, Ltd. (the "Partnership").
2. The amount anticipated to be contributed by the limited partners is \$1,750,000. The amount of the capital contributions of the limited partners to date is \$0.00.

Further, affiant sayeth not.

[Signature]
GROVER G. ERICKSEN

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 20th day of December, 1995, by GROVER G. ERICKSEN, who is personally known to me and did not take an oath.



[Seal]

Patricia S. Knapp
Notary Public

Patricia S. Knapp
Printed Name

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$600 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra M. Graham
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 29 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

A95000002030

Ericksen/Pointe Partnership, Ltd.

Mailing Address

Principal Office Address

6318 Trail Boulevard
Naples, FL 33963

2. New Mailing Address, if Applicable

Suite Apt # etc

800001683708

01/10/96-01035-009

City State & Zip

****191.25 ****191.25

2a. New Principal Office Address, if Applicable

Suite Apt # etc

City State & Zip

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
December 26, 1995

3a. Date of Last Report

4. State or Country of Formation

Florida

5a. Capital Contributions as Shown
on Record
\$1,750,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$0.00

6. FEI Number

Applied for/Pending

X

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 6a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$47.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.183, 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).
If the amount entered in 5b is greater than amount entered in 6a, 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

Grover G. Ericksen
6318 Trail Boulevard
Naples, FL 33963

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

Ericksen Communities, Inc.,
a Florida corporation

6318 Trail Blvd.

Naples, FL 33963

K08738

Grover G. Ericksen

6318 Trail Blvd.

Naples, FL 33963

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.

SIGNATURE

Grover G. Ericksen

DATE

12/27/95

Telephone Number

941-566-3355

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/95)