

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904 222 1111  
904 222 1111

800-342-8086

A96000000637



ACCOUNT NO. : 072100000032

REFERENCE : 900799 4367113

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : March 29, 1996

ORDER TIME : 10:38 AM

ORDER NO. : 900799

CUSTOMER NO: 4367113

CUSTOMER: Ronald A. Burgess, Legal Asst  
NASON GILDAN YEAGER AND  
GERSON, P.A.  
Suite 1200  
1645 Palm Beach Lakes Blvd.  
West Palm Beach, FL 33401

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3 LVS 26.25  
FILING 17.50  
R. DELIVERY 25.00  
C. COPY 15.75  
TOTAL 68.75  
N. BANK  
BALANCE DUE  
REFUND

DOMESTIC FILING

\*\*\* FILE 2ND \*\*\*

NAME: CROSS CREEK CENTRE ASSOCIATES,  
LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY \*\*\* 3 \*\*\*  
PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING \*\*\* 3 \*\*\*

CONTACT PERSON: LYDIA LOTT

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAR 29 PM 4:22

RECEIVED  
96 MAR 29 AM 11:12  
DIVISION OF CORPORATIONS

3/29/96  
hk

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
CROSS CREEK CENTRE ASSOCIATES, LTD.,  
a Florida limited partnership

SECRET  
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The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, certifies as follows:

1. Partnership Name. The name of the partnership is Cross Creek Centre Associates, Ltd. (the "Partnership").

2. Partnership Office and Mailing Address. The office of the Partnership and its mailing address are: 337 East Indiantown Road, Suite 8, Jupiter, Florida 33477.

3. Name and Address of Registered Agent. The name and address of the registered agent of the Partnership are: Gary N. Gerson, 1645 Palm Beach Lakes Boulevard, Suite 1200, West Palm Beach, Florida 33401.

4. Name and Address of General Partner. The name and business address of the general partner are: CCAGP, Inc., 337 East Indiantown Road, Suite 8, Jupiter, Florida 33477.

5. Dissolution. The latest date upon which the Partnership may dissolve is March 1, 2050.

6. Affidavit Regarding Capital. The affidavit regarding capital contributions is attached hereto.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Cross Creek Centre Associates, Ltd., this 28th day of March, 1996.

General Partner:

CCAGP, INC.

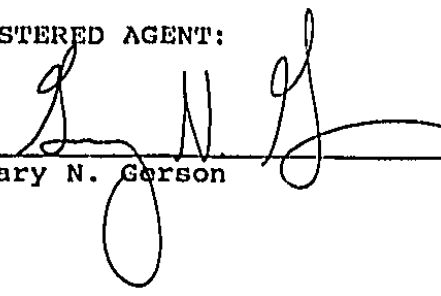
By: Stewart F. Denholtz  
Stewart F. Denholtz, as its Vice  
President

(SEAL)

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for Cross Creek Centro Associates, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

By:   
Gary N. Gerson

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AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

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STATE  
CLERK  
DIVISION  
96 MAR 29 PM 22

BEFORE ME, the undersigned authority, personally appeared Stewart F. Denholtz, affiant herein, who being sworn on oath deposes and says:

1. I am the Vice President of CCAGP, Inc., the general partner of Cross Creek Centre Associates, Ltd., a Florida limited partnership (the "Partnership").

2. The limited partners of the Partnership have contributed capital in the sum of \$1,100,000.00.

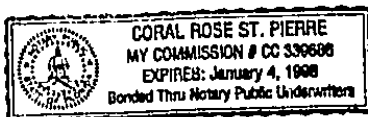
3. The limited partners of the Partnership anticipate the amount to be contributed is a maximum of \$-0-.

4. Under penalties of perjury, I declare that I have examined this Affidavit, and to the best of my knowledge and belief it is true, correct and complete.

CCAGP, INC., General Partner

By: Stewart F. Denholtz  
Stewart F. Denholtz, Vice  
President

SWORN TO AND SUBSCRIBED before me this 20 day of March, 1996, by Stewart F. Denholtz, Vice President of CCAGP, Inc., a Florida corporation, who is personally known to me OR who produced \_\_\_\_\_ as identification and who did \_\_\_\_\_ take an oath.



Coral Rose St. Pierre  
Notary Signature

\_\_\_\_\_  
Print Notary Name

NOTARY PUBLIC  
State of Florida at Large

My Commission Expires: