

Charter Number Only

A96000000889

5/9/96

Requestor's Name Ross Rosenberg
 Address 9100 S. Dadeland Blvd #910
Miami Fl 33156
 City State ZIP Phone

670-1010

VALIDATION ONLY

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAY 10 PM 3: 14

CORPORATION(S) NAME

COLONIAL SQUARE, LTD.

7008818240
 -05/16/96--01084--012
 *****87.50 *****87.

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

C. TAX _____
 FILING 52.50
 C. AGENT FEE 35.00
 C. COPY 82.50
 TOTAL 168.00
 N. BANK _____
 BALANCE DUE _____
 FUND _____

13K 5/10/96


Free: 1-800-432-3028

CERTIFICATE OF LIMITED PARTNERSHIP
OF
COLONIAL SQUARE, LTD.

RECEIVED
DIVISION OF CORPORATE REGISTRATIONS
96 MAY 10 PM 3:14

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certifies as follows:

1. The name of the Limited Partnership is COLONIAL SQUARE, LTD.
2. The business address of the Limited Partnership is 1655 Drexel Avenue, Suite 209, Miami Beach, Florida 33139.
3. The name of the Registered Agent for Service of Process is Jeffrey Rosenberg.
4. The Florida street address for the Registered Agent is 1655 Drexel Avenue, Suite 209, Miami Beach, Florida 33139.
5. The Registered Agent signing below hereby accepts designation as Registered Agent for Service of Process.



Registered Agent


6. The Mailing Address of the Limited Partnership is 1655 Drexel Avenue, Suite 209, Miami Beach, Florida 33139.
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2075.
8. The name and street address of the General Partner is Colonial Square, Inc., 1655 Drexel Avenue, Suite 209, Miami Beach, Florida 33139.

896000037562

Under penalties of perjury I declare I have read the foregoing and know the contents thereof and the facts stated herein are true and correct.

Signed this 9th day of May, 1996.

General Partner
COLONIAL SQUARE, INC.

By: 

Jeffrey Rosenberg, President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of COLONIAL SQUARE, LTD.,
A Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000.00.

Signed this 9th day of May, 1996.

FURTHER, AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.

General Partner
COLONIAL SQUARE, INC.

By: _____

Jeffrey Rosenberg, President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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