

A9600001026

LAW OFFICE  
DEUSCH & ASSOCIATES, P.A.

HIDALGO DEUSCH & ASSOCIATES  
CORPORATION

100 N. EAST THIRD AVENUE  
SUITE 800  
FORT LAUDERDALE FLORIDA 33301  
TELEPHONE 305-761-7200  
TELECOPIER 305-761-7200

RECEIVED  
MAY 20 PM 2:19  
SECRETARY'S OFFICE

May 11, 1996

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

BUSSEN

Attention: Limited Partnership Section

RE: Articles of Limited Partnership  
Midland Lakes, Ltd.

Gentlemen:

You will find enclosed the following documents for filing:

- 1. Certificate of Limited Partnership with Affidavit of Limited Partners Contribution annexed.

You will also find enclosed this firm's check in the amount of \$1,837.50 representing the following:

A. Filing fee:	\$1,750.00
B. Registered Agent fee:	\$ 35.00
C. Certified copy:	\$ 52.50
Total	\$1,837.50

Handwritten notes and stamps: A960000, W. A. G. [unclear], 3960000 27278

Please file the enclosed documents and forward to our office the certified copy as soon as possible.

If there are any questions regarding this matter, please do not hesitate to contact our office.

Sincerely,  
Kathryn R. Craven, CLA  
Certified Legal Assistant

300001854543  
706/35796-01110-020  
\*\*\*1837.50 \*\*\*1837.50

C. TAX	_____
FILED	1,750.00
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	\$1,837.50
ENCLOSURE	_____
BALANCE DUE	_____
RECEIVED	_____

/krc  
Enclosure

Handwritten note: WILL CALL

CERTIFICATE OF LIMITED PARTNERSHIP

THIS CERTIFICATE OF LIMITED PARTNERSHIP made this 14th day of May, 1996 by MIDLAND LAKES DEVELOPMENT CORPORATION, a Florida corporation, herein referred to as the "General Partner", in order to comply with Section 620.108 of the Florida Limited Partnership Act.

ARTICLE I

NAME OF LIMITED PARTNERSHIP

The name of this limited partnership is MIDLAND LAKES, LTD.

ARTICLE II

RESIDENT AGENT

The address of the office and the name and address of the agent for service of process required to be maintained by virtue of Section 620.105, Florida Statutes:

BRIAN C. DEUSCHLE  
~~CHRISTOPHER D. HALE, ESQUIRE~~  
800 SE 3rd Avenue  
Suite 500  
Fort Lauderdale, FL 33316

ARTICLE III

GENERAL PARTNER

The name and business address of the GENERAL PARTNER is:  
~~MIDLAND LAKES, LTD.~~  
MIDLAND LAKES DEVELOPMENT CORPORATION  
~~MIDLAND LAKES, LTD.~~  
800 SE 3rd Avenue  
Suite 500  
Fort Lauderdale, FL 33316

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DIVISION OF CORPORATIONS  
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ARTICLE IV

LIMITED PARTNERSHIP ADDRESS

The mailing address of the Limited Partnership is:

800 SE 3rd Avenue  
Suite 500  
Fort Lauderdale, FL 33316

ARTICLE V

TERM OF PARTNERSHIP

Unless sooner terminated, liquidated or dissolved by law, this Partnership shall remain in existence until December 31, 2020.

ARTICLE VI

CAPITALIZATION

The General Partner shall receive a credit to its capital account of \$50,000.00 representing prepaid organizational expenses. The Limited Partnership interest shall be divided into 50 Limited Partnership units of \$10,000.00 each. Accordingly, each Limited Partners' capital account will be credited to the extent of the number of Limited Partnership units he or she acquired.

ARTICLE VII

AFFIDAVIT OF CONTRIBUTION

An Affidavit setting forth the amount of capital contributions by Limited Partners and the amount anticipated to be contributed by Limited Partners is appended hereto and made a part

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hereof an Exhibit "A".

IN WITNESS WHEREOF, the General Partner has executed this Certificate of Limited Partnership the 14th day of May, 1996.

Signed sealed and delivered in the presence of:

MIDLAND LAKES DEVELOPMENT CORPORATION, a Florida corporation as General Partner

[Signature]  
Witness  
[Signature]  
Witness

BY [Signature]  
BRIAN C. DEUSCHLE  
President

96 MAY 31 PM 2:24  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

STATE OF FLORIDA )  
                          )SS.  
COUNTY OF BROWARD )

14th The foregoing instrument was acknowledged before me this day of May, 1996, by BRIAN C. DEUSCHLE, as President of MIDLAND LAKES DEVELOPMENT CORPORATION, the General Partner of Midland Lakes, Ltd., who is personally known to me or who produced a [Signature] as identification.

Witness my hand and official seal in the County and State last aforesaid; this 14th day of May, 1996.

KATHLEEN R. CRAVEN  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION EXPIRES 05/31/97

[Signature]  
NOTARY PUBLIC STATE OF FLORIDA

Print Name

Commission Number

My Commission Expires:

