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Albert Salem and Associates, P. A.

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4600 West Kennedy Boulevard

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Tampa, Florida 33679-8607

(Code 813) 886-3000

Albert M. Salem, Jr.

Board Certified Civil Trial Specialist

Member of Florida and North Carolina Bars  
and American College of Legal Medicine

September 13, 1996

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 23 PM 4:27

Diana K. Wallace  
Albert M. Salem, III

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

500001951713  
09/13/96-UT064-003  
\*\*\*1837.50 \*\*\*1837.50

Re: Vega Enterprises, Ltd., Family Limited Partnership  
Our File No. 2129.03

Dear Sir:

Enclosed please find an original Certificate of Limited Partnership and an original Affidavit of General Partner for the above-captioned limited partnership, along with a check in the amount of \$1,837.50 to cover the following:

Filing Fee	\$1,750.00
Certified Copy Fee	\$ 52.50
Registered Agent Fee	\$ 35.00
	\$1,837.50

We would appreciate your filing the Certificate with the Secretary of State and returning a certified copy to us.

Thank you for your assistance.

Very truly yours,

Albert M. Salem, Jr.

AMS/bp  
Enclosures

Name	
Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acknowledgement	KWM
W. P. Verifier	KWM

10-23



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 24, 1996

**ALBERT SALEM AND ASSOCIATES, P.A.**  
**4600 WEST KENNEDY BLVD.**  
**P. O. BOX 18607**  
**TAMPA, FL 33679-8607**

**SUBJECT: VEGA ENTERPRISES, LTD.**  
**Ref. Number: W96000020068**

We have received your document for VEGA ENTERPRISES, LTD. and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 489-9000.

The registered agent must sign accepting the designation.

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

Please entitle the affidavit, Affidavit of Capital Contribution and state in #2 the total amount contributed and anticipated by the limited partners is (enter the amount), or amend #2 by excluding the words (excess of),.

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) 487-6967.

Kenny Manning

**Corporate Specialist**

**Letter Number: 996A00043890**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 23 PM 4:27

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**VEGA COYA ENTERPRISES, LTD., A FAMILY LIMITED PARTNERSHIP**

In accordance with Florida Statute Section 620.100, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this limited partnership shall be "Vega Coya Enterprises, Ltd., a Family Limited Partnership."

2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

Gilberto E. Vega  
4600 N. Habana, Suite 33  
Tampa, FL 33614

3. **General Partner.** The name and business address of each general partner is:

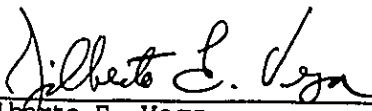
Gilberto E. Vega  
4600 N. Habana, Ste. 33  
Tampa, FL 33614

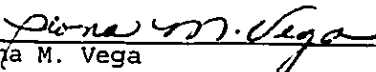
Ilona M. Vega  
4600 N. Habana, Ste. 33  
Tampa, FL 33614

4. **Mailing Address.** The principal office and mailing address of the limited partnership is:

4600 N. Habana, Suite 33  
Tampa, FL 33614

5. **Termination Date.** The latest date upon which the limited partnership is to dissolve is December 31, 2044.

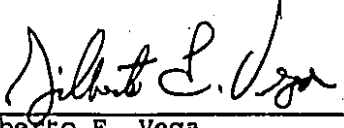
  
\_\_\_\_\_  
Gilberto E. Vega

  
\_\_\_\_\_  
Ilona M. Vega

**CERTIFICATE OF ACCEPTANCE**

Having been named to accept service of process for Vega Coya Enterprises, Ltd., a Family Limited Partnership, at the place designated in its Certificate of Limited Partnership, I hereby agree to act in such capacity, and I am familiar with and accept, the obligations provided for in Section 620.192(2), Florida Statutes.

Signature

  
Gilberto E. Vega  
Registered Agent

Date

10/18/96

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

**AFFIDAVIT OF CAPITAL CONTRIBUTION**

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared Gilberto E. Vega and Ilona M. Vega, known to me to be the general partners of VEGA COYA ENTERPRISES, LTD., a Family Limited Partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,000.00.

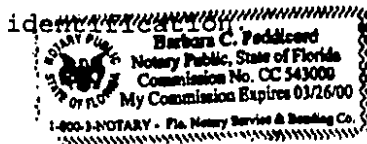
2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$ 250,000.00.

Gilberto E. Vega  
Gilberto E. Vega

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of October, 1996, by Gilberto E. Vega, who is personally known to me or who has produced N/A as



Barbara C. Peddicord  
Print Name BARBARA C. PEDDICORD  
"NOTARY PUBLIC"

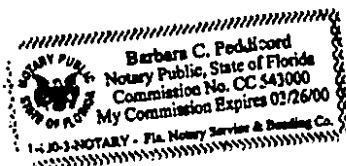
My Commission Expires: 3/26/00

Ilona M. Vega  
Ilona M. Vega

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 18<sup>th</sup> day of October, 1996, by Ilona M. Vega, who is personally known to me or who has produced N/A as identification.



Barbara C. Peddicord  
Print Name BARBARA C. PEDDICORD  
"NOTARY PUBLIC"

My Commission Expires: 3/26/00

B960000000 283

**TROUTMAN SANDERS LLP**  
ATTORNEYS AT LAW  
A LIMITED LIABILITY PARTNERSHIP

NATIONSBANK PLAZA  
600 PEACHTREE STREET, N.E. - SUITE 6200  
ATLANTA, GEORGIA 30308-2216  
TELEPHONE: 404-885-3000  
FACSIMILE: 404-885-3000  
August 12, 1997

WRITER'S DIRECT DIAL:

(404) 885-3553

Nina L. Harper

Sandra B. Mortham, Secretary of State  
Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

800002266768--9  
-08/14/97--01037--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

**RE:** Emerald Walk Ventures, Inc.  
Emerald Walk L.P.

Dear Madam:

Please find enclosed two forms to change the registered office and agent for the above referenced corporation and limited partnership. I am also enclosing two \$35.00 checks to cover the filing fee for each change.

Please mail confirmation of these filings to the corporation and limited partnership at their mailing addresses listed on the forms.

If you have any questions, please call me at 404-885-3553.

Very truly yours,

*Nina L. Harper*

Nina L. Harper  
Legal Assistant

FILED  
97 AUG 14 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NLH/mm  
Enclosures

0146518.01

*8/21*  
*R.A. Change*

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Georgia, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**FILED**  
97 AUG 14 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Emerald Walk L.P.  
Name of the limited partnership

2. July 19, 1996 3. B96000000283  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Jeanne Miner  
3627 University Blvd. South, Suite 430  
Jacksonville, FL 32216

Such change was authorized by the general partners.

By: Emerald Walk Ventures, Inc., its general partner

By: [Signature]  
Signature of General Partner

7/30/97  
Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

[Signature]  
Registered Agent signature

7/30/97  
Date

Filing Fee: \$35.00

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