

A960000-2059

JANET M. STUART
LAKELAND OFFICE

October 29, 1996

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

600001996456--2
-11/05/96--01138--001
***\$350.00 ***\$140.00

Re: **Island Oaks Management, Ltd.
Lakehaven Utility Associates, Ltd.
Lakehaven Acres Associates, Ltd.**
Our File: **R363-36779**

Gentlemen:

Enclosed please find an original executed Certificate of Limited Partnership, Affidavit of Capital Contributions and Certificate of Registered Agent for **Island Oaks Management, Ltd.** Also enclosed are Amendments to the Certificates of Limited Partnership for **Lakehaven Utility Associates, Ltd** and **Lakehaven Acres Associates, Ltd.**

My firm's check in the amount of **\$350.00**, payable to the Secretary of State, is enclosed, representing the following fees:

For Island Oaks Management, Ltd.: \$52.50 for filing fee, \$35.00 for the registered agent designation and \$52.50 for one certified copy, totalling **\$140.00**.

For Lakehaven Utility Associates, Ltd. and Lakehaven Associates, Ltd.: \$52.50 for filing fee and \$52.50 for one certified copy, totalling **\$105.00** for each entity.

Please file these documents and return one certified copy of each to me at the Lakeland address below. If you have any questions or problems with the enclosed, do not hesitate to call me.

A96-2059

Name	OK-17
Availability	OK
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgement	OK

Sincerely,

Janet M. Stuart
Janet M. Stuart

JMS/as
Encl. as noted
xc: Mark R. Rubin (w/enc.)

FF \$140.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LANE, TROHN, CLARKE, BERTRAND, VREELAND & JACOBSEN, P.A.

ONE LAKE MORTON DRIVE • P.O. Box 3 • LAKELAND, FLORIDA 33802-0003 • PHONE (941) 284-2200 • FAX (941) 688-0310
150 EAST DAVIDSON STREET • P.O. Box 1578 • BARTOW, FLORIDA 33831-1578 • PHONE (941) 533-0866 • FAX (941) 533-7255

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ISLAND OAKS MANAGEMENT, LTD.**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Florida Statutes §620.108, hereby states the following:

1. The name of the Partnership is **ISLAND OAKS MANAGEMENT, LTD.**
2. The address of the office of the Partnership is 500 Fedhaven Circle, Fedhaven, Florida 33854.
3. The name and address of the agent for service of process on the Partnership are:

ROBERT M. ANDREWS
5032 Brandywine Way
Stuart, Florida 34997
4. The name and business address of the only General Partner are as follows:

FEDHAVEN APARTMENTS, INC., a Florida corporation
500 Fedhaven Circle 896000009889
Fedhaven, Florida 33854
5. The mailing address of the Partnership is 500 Fedhaven Circle, Fedhaven, Florida 33854.
6. The latest date upon which the Partnership shall dissolve is December 31, 2013.

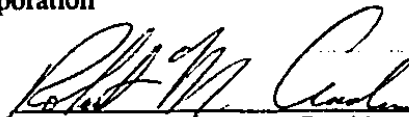
The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the only General Partner of **ISLAND OAKS MANAGEMENT, LTD.** this 1st day of August, 1996.

GENERAL PARTNER:

FEDHAVEN APARTMENTS, INC., a Florida corporation

by:


Robert M. Andrews, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR
ISLAND OAKS MANAGEMENT, LTD.

STATE OF ~~FLORIDA~~ Michigan
COUNTY OF ~~MARTIN~~ Leelanau

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TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared ROBERT M. ANDREWS, who, being first duly sworn, deposes and says:

1. That he is the President of Fedhaven Apartments, Inc., a Florida corporation, who is the only General Partner of ISLAND OAKS MANAGEMENT, LTD., a Florida limited partnership.

2. That the amount of capital contributions to date of the Limited Partners is \$ -0-.

3. That the total amount anticipated to be contributed by the Limited Partners is \$ -0-.

FURTHER AFFIANT SAYETH NOT.


ROBERT M. ANDREWS

SWORN TO AND SUBSCRIBED before me this 1st day of August, 1996, by ROBERT M. ANDREWS:


- ☒ who is personally known to me; or
☐ who produced a driver's license issued by the Florida Department of Highway Safety and Motor Vehicles as identification; or
☐ who produced the following identification: _____

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year written above.

(Affix Notary Seal)

JILL A HALL
NOTARY PUBLIC STATE OF MICHIGAN
LEELANAU COUNTY
MY COMMISSION EXP. MAR. 26, 1997

Signature:


NOTARY PUBLIC, State of ~~Florida~~ at Large
Typed name: Michigan
My Commission Expires: _____
My Commission No.: _____

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE; NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

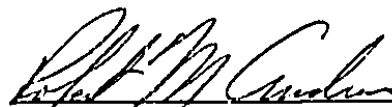
In pursuance of Chapter 48.061, Florida Statutes, the following is submitted, in compliance with said Act:

That **ISLAND OAKS MANAGEMENT, LTD.**, desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at the City of Fedhaven, County of Polk, State of Florida, has named **ROBERT M. ANDREWS**, located at 5032 Brandywine Way, City of Stuart, County of Martin, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated limited partnership, at the place designated in this certificate, I hereby accept said designation, and agree to comply with the provision of said Act relative to said capacity.

By:



ROBERT M. ANDREWS

Registered Agent

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TALLAHASSEE, FLORIDA