796000002168 NOV 25 PH 3: 32 HOLLAND HIGH CALE Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Corporation Name) (Document #) 500002021165--4 -12/05/96--01069--014 ***1837.50 ***1837.50 (Corporation Name) (Document #) Walk in Certified Copy Pick up tiny Mail out Will wait ■ Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director C. COPY. R. AGENT Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication BALANCE REFUND Other Merger Availability OTHER FILING QUALIFICATION Document Examiner Annual Report Foreign Undater. Fictitious Name U ∋ er Limited Partnership Name Reservation Verifyer Reinstatement Asknow.euge. Trademark W. P. Verifyer Other

CR2E031(1/95)

Examiner's Initials



November 25, 1996

Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

RE: FILING OF CERTIFICATE OF LIMITED PARTNERSHIP FOR TROPICAL ISLE, LTD. AND TROPICAL ISLE II, LTD.

Dear Sir or Madam:

Enclosed please find one manually executed and one photocopy of the above referenced certificates of limited partnership. Please file with the State of Florida as soon as possible and return the certified copies to the messenger present. Submitted with this filing are two checks in the amount of \$1,837.50 each to cover the costs of the filing fees, registered agent and certified copy charges.

Thank you for your assistance with this matter.

Very truly yours,

Michele Jane Turton

Paralegal

Enc.

CERTIFICATE OF LIMITED PARTNERSHIP OF TROPICAL ISLE IL LTD.

THE UNDERSIGNED, constituting all of the general partners of TROPICAL ISLE II, LTD., (the "Partnership"), do hereby submit the following information in accordance with the Florida Revised Limited Partnership Act (1986) to make public the information of the Partnership:

- 1. Name The name of the Partnership shall be TROPICAL ISLE II, LTD.
- 2. Registered Agent The initial registered office of the Partnership in the State of Florida is 111 North Orange Avenue/Florida 32801. The name of the initial registered agent is Michael J. Sullivan, Esq. at the above address.
- 3. General Partners The name and address of the general partners of the Partnership are:

NOBLE-KIDD CORPORATION 10610 Metric, Suite 190 Dallas, TX 75243 M600053102

API INVESTMENTS, INC. 4949 Westown Parkway, Suite 245 West Des Moines, IA 50266-1066 F96000006181

- 4. Partnership Address The office and mailing address for the Partnership shall be 10610 Metric, Suite 190, Dallas, TX 75243..
- 5. Dissolution The latest date upon which the Partnership will dissolve is December 31, 2015.

IN WITNESS WHEROF, the undersigned do hereby execute this Certificate and attach an Affidavit declaring the amount of the capital contribution of the limited partners and the anticipated amount to be contributed by the limited partners.

GENERAL PARTNERS:

NOBLE-KIDD CORPORATION, a Florida Corporation

R. Edward Noble Its: President

API INVESTMENTS, INC.,

an

Iowa Corporation

Roger Langpaul

Its: Vice President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, general partner of TROPICAL ISLE II, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who upon being sworn, certify as follows:

- 1. The amount of capital contributions of the limited partners is zero.
- 2. The anticipated amount of the capital contributions of the limited partners will be two million.

Dated this 2/ day of November, 1996

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and the facisialleged are true, to the best of my knowledge and belief.

NOBLE-KIDD CORPORATION, a
Florida Corporation

PH 3:53

R. Edward Noble Its: President

STATE OF TEXAS COUNTY OF

The foregoing instrument was acknowledged before me this ______ day of
November, 1996, by R. Edward Noble of Noble-Kidd Corporation, a Florida corporation,
the general partner of the above-referenced Partnership, who is personally known to me or
has produced ______ as identification.

Print name:

Notary Public, State of
Commission Number:

NOTARY PUBLIC
STATE OF TEXAS

API INVESTMENTS, INC.,

an Iowa comoration

Roger Langeaul

Ita:

STATE OF IOWA COUNTY OF POLK

The foregoing was acknowledged before me the 22 day of November, 1996, by Roger Langpaul, as 1000 for API INVESTMENTS, INC., an Iowa corporation, the general partner of the above-referenced Partnership, who is personally known to me, or has produced _______as identification.



Devel L. Huthens Print name: Beverly L. Huthens

Notary Public, State of Zo w

Commission Number:
My commission Expires: 10 -14-9 >

ACCEPTANCE BY REGISTERED ACENT

THE UNDERSIGNED, as registered agent, appointed in accordance with the foregoing Certificate, does hereby accept such appointment, and does hereby state that it is familiar with, and accepts, the obligations imposed by Section 620.192 of the Florida Revised Uniform Limited Partnership Act (1986).

Print Name: Michael J. Sullivan, Esq.

Its: Registered Agent

SECRETARY OF SINE