

Document Number Only

A97000002768

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

100002377111--5
-12/19/97-01001-022
***1697.50 ***1697.50

100002377111--5
-12/19/97-01001-023
****148.75 ****148.75

Linkscap Florida Oaks, Ltd

97 DEC 18 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="radio"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="radio"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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THANKS - MELANIE

12/18/97
mk
LP - 17 85.00
CERT 61.25

CERTIFICATE OF LIMITED PARTNERSHIP
OF

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TALLAHASSEE FLORIDA

1. LINKSCORP FLORIDA Oaks, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 245 Waukegan Road, Suite 204, Northfield, IL 60093
(The Business Address of Limited Partnership)

3. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

4. c/o C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Connie Bryan
(Officer Must Sign on This Line)

Connie Bryan, Special Asst. Secretary
(Type Name and Title of Officer)

6. 245 Waukegan Road, Suite 204, Northfield, IL 60093
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2047.

(Cont'd)

8. NAME OF GENERAL PARTNER(s)

Linkscorp Florida, Oaks, Inc.
a Florida Corporation

SPECIFIC ADDRESS

245 Waukegan Road
Suite 204
Northfield, IL 60093

P97000105 771

Signed this 16th day of December, 1997.
Signature of all general partner

Linkscorp Florida Oaks, Inc. its
General Partner

By X

John G. Fahlberg
John Fahlberg, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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TALLAHASSEE FLORIDA

BEFORE ME, the undersigned constituting all of the general partners of

Linkcorp Florida Oaks, Ltd., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 5000.00.

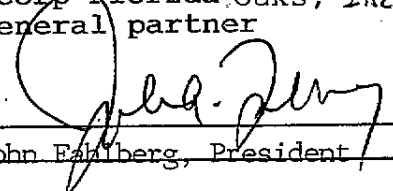
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 300,000.

This 16th day of December, 19 97.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Linkcorp Florida Oaks, Ltd.
its general partner

By X 
John Fahlberg, President