0000030 C T CORPOR 660 East Requestor's Tallahas Address 222-1092 (850) Phone Zip State City CORPORATION(S) NAME () Profit 4--009 () Amendment ***148.75 () NonProfit) Limited Liability Company () Dissolution/Withdrawal Mark () Foreign) Other () Annual Report () Change of R.A. Vimited Partnership () Fict. Filing h UCC-1 Reinstatement <u>MLimited Liability Partnershi</u> () Photo Copies Certified Copy () After 4:30) Call if Problem Pick Up Call When Ready () Will Wait Walk In () Mail Out Please Return Filed Stamp Name Availability Melanie Document Examiner Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 30, 1998

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: SANDCASTLE, LTD. Ref. Number: W98000002215

Snowcastle

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

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

PLEASE NOTE THAT NO MONEY OR CHECKS WERE RECEIVED WITH THIS FILING, AND THAT NO MONEY OR CHECKS HAVE BEEN RETAINED.

In addition to the PRINCIPAL ADDRESS OF THE PARTNERSHIP listed in ARTICLE I, the document must also state a MAILING ADDRESS for the partnership. noth are same

ALSO, PLEASE CORRECT the AFFIDAVIT. Item 2 should state "The anticipated amount of ADDITIONAL contributions by the limited partners is \$0.00.",

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 (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 898A00005536

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314 $^{\circ}$ $\mathcal{C}e$

copy.

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

Snowcastle, Ltd.

ARTICLE I

Name

The name, address and telephone number of the Limited Partnership is:

Showcastle, Ltd.
c/o 3001 Ponce De Leon Boulevard
Suite 262
Coral Gables, Florida 33134
(305) 441-9030

(mailing and principal office address)

ARTICLE II

Registered Office and Registered Agent

The address of the Registered Office of this limited partnership is:

3001 Ponce De Leon Boulevard Suite 262 Coral Gables, Florida 33134

The name of the Registered Agent of this limited partnership at that address is:

Sharon S. Jones

Article III

General Partner(s)

This limited partnership shall have one (1) general partner. The number of general partners may be increased or decreased, from time to time, in accordance with the partnership agreement, but there shall never be fewer than one (1) general partner.

The name and address of the general partner of this limited

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partnership is:

Y Z Ventures, Inc. c/o 3001 Ponce De Leon Boulevard Suite 262 Coral Gables, Florida 33134

The general partner is a Florida corporation which has maintained active status and has not been dissolved, revoked or withdrawn.

Article IV

Dissolution

The limited Partnership shall terminate upon the occurrence of any of the following events:

- (a) The dissolution of the General partner, if a corporation (except a technical dissolution as a consequence of the transfer of all of the assets and liabilities of the General Partner to a successor entity in which the General Partner or its principals retain an interest, or a merger, consolidation, or other reorganization of the General Partner, all of which events expressly will not cause dissolution of the Partnership); or, if an individual, the General Partner's retirement or death; or withdrawal of the General Partner, as defined in the Florida Revised Limited Partnership Act;
- (b) The filing of a petition in bankruptcy against the General Partner if such petition is not discharged within 60 days of the date of filing;
 - (c) The expiration of the fixed term of the Fartnership on a

date 50 years from the commencement of the Partnership;

- (d) The disposition of all Partnership Property; or
- (e) The election of the General Partner to terminate the

The retirement, death, insanity, disability, bankruptcy, dissolution, or liquidation of a Limited Partner shall not dissolve the Partnership, nor shall the transfer of a Limited Partnership Interest dissolve or terminate the Partnership.

IN WITNESS WHEREOF, the undersigned general partner has executed this Certificate of Limited Partnership this 29 day of January, 1998.

Y Z VENTURES, INC.

Btr.

BRANKO ZUNJIC

President

STATE OF FLORIDA)

SS:

COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County aforesaid, personally appeared, BRANKO ZUNJIC, President of Y Z Ventures, Inc., known to be the person described in and who executed the foregoing Certificate of Limited Partnership and acknowledged that he executed said Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Coral Gables, Dade County, Florida this 27 day of January, 1998.

Notary Public, State of

Florida at Large

My commission expires:



AFFIDAVIT OF CONTRIBUTIONS OF LIMITED PARTNERS OF

Snowcastle, Ltd.

BEFORE ME, the undersigned, personally appeared Y Z VENTURES, INC., a general partner of Snowcastle, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$7,294.82.
- 2. The anticipated amount of the capital contributions by the limited partners is \$0.00.

FURTHER AFFIANT SAYETH NOT.

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

General Partner

Y Z VENTURES, INC., a Florida corporation

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Branko Zunjic President

STATE OF FLORIDA COUNTY OF DADE

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Branko Zunjic, President of Y Z Ventures, Inc., General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of the General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 2 day of January, 1998.

NOTARY PUBLIC, state of Florida at Large

My Commission Expires: Flori





CERTIFICATE DESIGNATING REGISTERED OFFICE OF LIMITED PARTNERSHIP AND NAMING REGISTERED AGENT AND RESIDENT AGENT UPON WHOM SERVICE OF PROCESS MAY BE HAD WITHIN THIS STATE

In pursuance of Chapters 48.091 and 620.105, Florida Statutes, the following is submitted in compliance thereof:

First-- that Snowcastle, Ltd..., desiring to organize under the laws of the State of Florida, has designated the street address of the registered office of this limited partnership as being 3001 Ponce de leon Boulevard, Suite 262, Coral Gables, Dade County, Florida, and the name of the registered and resident agent of this limited partnership at that address is: SHARON S. JONES.

ACKNOWLEDGMENT:

Having been named as registered agent and resident agent for the above stated limited partnership, at the registered office of the limited partnership designated above, I hereby accept to act in this capacity, and agree to comply with the provisions of said acts and relative to keeping open said office.

By:

SHARON S. JONES
Registered Agent and
Resident Agent