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Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

800002435278--5

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****140.00 ****140.00

CORPORATION(S) NAME

T.T. Port St. Lucie Associates, Ltd.

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| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other UCC Filing |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fic. Name |
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| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem |
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File 2

CR2E031 (1-89)

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
T.T. PORT ST. LUCIE ASSOCIATES, LTD.
a Florida limited partnership**

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is T.T. PORT ST. LUCIE ASSOCIATES, LTD., a Florida limited partnership.

2. The name and address of the agent for service of process of the Partnership is:

Neesa B. Warlen
One Park Place
621 Northwest 53rd Street
Suite 450
Boca Raton, Florida 33487

3. The name and business address of the sole General Partner is as follows:

T.T. PORT ST. LUCIE, INC.
One Park Place
621 Northwest 53rd Street
Suite 450
Boca Raton, Florida 33487

pg 8-16411

4. The mailing address of the Partnership is One Park Place, 621 Northwest 53rd Street, Suite 450, Boca Raton, Florida 33487.

5. The latest date upon which the Partnership shall dissolve is December 31, 2048.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by T.T. PORT ST. LUCIE ASSOCIATES, LTD., a Florida limited partnership, this 16th day of February, 1998.

T.T. PORT ST. LUCIE ASSOCIATES, LTD.

By: 

Name: Richard S. Weissman
Title: President of T.T. Port St. Lucie, Inc.,
a Florida corporation, as General
Partner

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for T.T. PORT ST. LUCIE ASSOCIATES, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of Registered Agent.

REGISTERED AGENT

Dated: 2/16, 1998

By: Neesa B. Warlen
Name: Neesa B. Warlen

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA :
COUNTY OF PALM BEACH : SS

BEFORE ME, the undersigned, personally appeared RICHARD S. WEISSMAN, President of T.T. PORT ST. LUCIE, INC., a Florida corporation, as General Partner of T.T. PORT ST. LUCIE ASSOCIATES, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being first duly sworn, certifies as follows:

1. The amount of capital contribution to the Partnership made by the limited partner is One Thousand and 00/100ths (\$1,000.00) Dollars.

2. I do not anticipate any additional capital contributions to be contributed by the limited partner.

FURTHER AFFIANT SAYETH NAUGHT.

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

T.T. PORT ST. LUCIE, INC.,
a Florida corporation

By:

Name: Richard S. Weissman

Title: President of T.T. PORT ST. LUCIE,
INC., as General Partner

Dated: February 16th, 1998

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this 16th day of February, 1998, by RICHARD S. WEISSMAN, President of T.T. PORT ST. LUCIE, INC., as General Partner of T.T. PORT ST. LUCIE ASSOCIATES, LTD., a Florida limited partnership. He is personally known to me.

Sallie H. Fisher
Print Name: Sallie H. Fisher
NOTARY PUBLIC, State of Florida
Serial No.:
My Commission Expires:



Sallie H. Fisher
MY COMMISSION # CC712026 EXPIRES
February 3, 2002
BONDED THRU TROY FAIR INSURANCE INC.

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