

**BMS BOYLE
MANAGEMENT
N C. SERVICES**

James W. Boyle, CPM
Lic. Real Estate Broker

March 19, 1998

A98000000785

Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314
Attn: Brenda Tadlock:

FILED
98 MAR 23 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed, please the following:

Limited Partnership Registration
Filing fee of \$52.50
Register Agent Filing Fee - \$35.00

If you need any additional information or questions, please call Jim Boyle at 407-260-1119.

Best regards,

J - E Boyle

James E. Boyle

-name not avail.
-RA sign

800002474798--4:
-04/01/98--01013--007
*****35.00 *****35.00

800002474798--4:
-04/01/98--01013--008
*****52.50 *****52.50

W98-6519

used FL 4

Used 3/23/98

Name	
Availability	
Document Examiner	<i>let</i>
Updater	<i>let</i>
Updater Verifier	<i>let</i>
Acknowledgement	<i>let</i>
W. P. Verifier	<i>let</i>

BLING	52.50
C. COPY	
R. AGENT	35.00
TOTAL	87.50
BALANCE DUE \$	
REFUND \$	

CERTIFICATE OF LIMITED PARTNERSHIP

1. Phantom Properties Limited II
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 498 Palm Springs Dr., #270, Altamonte Springs, FL 32701
(Business address of Limited Partnership)

3. James W. Boyle
(Name of Registered Agent for Service of Process)

4. 498 Palm Springs Dr., #270, Altamonte Springs, FL 32701
(Florida street address for Registered Agent)

5. See duplicate page for RA signature
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. P. O. Box 73, Maitland, FL 32751
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 4/30/2015

8. Name(s) of general partner(s): _____ Street address: _____

James E. Boyle 15 Rostone Cr.
Lafayette, IN 47905

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 20th day of March, 19 98

Signature of all general partners:

James E. Boyle General Partner

General Partner

General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Name of Registered Agent for Service of Process)

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(Florida street address for Registered Agent)

5. [Signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

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(Mailing Address of the Limited Partnership)

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8. Name(s) of general partner(s): _____ Street address: _____

<u>James E. Boyle</u>	<u>15 Rostone Cr.</u>
_____	<u>Lafayette, IN 47905</u>
_____	_____
_____	_____

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 20th day of March, 19 98.

Signature of all general partners:

<u>[Signature]</u> General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Phantom Properties
Limited II

a Florida Limited Partnership, certify:

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TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 5,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000.00

Signed this 20th day of March, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

James E. Boyle
General Partner

James E. Boyle

General Partner

General Partner

General Partner

General Partner

General Partner