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DEAN, MEAD, SPIELVOGEL, GOLDMAN & BOYD

ATTORNEYS AND COUNSELORS AT LAW

IOI SOUTH COURTENAY PARKWAY, SUITE 201
MERRITT ISLAND, FLORIDA 32952-4855
(407) 453-2333
FAX (407) 453-8641

7380 MURRELL ROAD, SUITE (00 MELBOURNE, FLORIDA 32940-7947 (407) 259-8900 FAX (407) 254-4479 IOO RIALTO PLACE, SUITE SIO
P. O. BOX 2228
MELBOURNE, FLORIDA 32902-2228
(407) 725-6373
FAX (407) 726-8477

REPLY TO:

March 12, 1998

Murrell Road

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Certificate of Limited Partnership of

Shady Oaks Associates Limited Partnership

Gentlemen:

Enclosed are an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions of Shady Oaks Associates Limited Partnership together with a check for \$245.00 to cover the \$210.00 filing fee and \$35.00 fee for designation of registered agent.

Once the Certificate of Limited Partnership and Affidavit of Capital Contributions have been filed, a filed copy should be returned to the undersigned.

Very truly yours,

Jun 4 Bh

JOEL E. BOYD

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W. P. Verifyer DCC

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DEAN, MEAD, EGERTON, BLOODWORTH,
CAPOUANO & BOZARTH, P. A.

(407) 841-1200

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IN FORT PIERCE
DEAN, MEAD & MINTON

DEAN, MEAD, SPIELVOGEL, GOLDMAN & BOYD

ATTORNEYS AND COUNSELORS AT LAW

IOI SOUTH COURTENAY PARKWAY, SUITE 20I
MERRITT ISLAND, FLORIDA 32952-4855
(407) 453-2333
FAX (407) 453-8641

7380 MURRELL ROAD, SUITE 100 MELBOURNE, FLORIDA 32940-7947 (407) 259-8900 FAX (407) 254-4479 IOO RIALTO PLACE, SUITE SIO
P. O. BOX 2228
MELBOURNE, FLORIDA 32902-2228
(407) 725-8373
FAX (407) 726-8477

REPLY TO:

April 6, 1998

Murrell Road

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 000002484780--8 -04/10/98--01039--001 ***1540.00 ***1540.00

Re: Shady Oaks Associates Limited Partnership

Dear Sir or Madam:

Pursuant to your letter dated March 20, 1998, a copy of which is attached hereto, enclosed is a check payable to the Secretary of State in the amount of \$1,540.00 which will complete the filing fee required to file the Certificate of Limited Partnership for the above-referenced limited partnership. Also enclosed is the registered agent's acceptance statement.

Once the Certificate of Limited Partnership has been filed, please forward the stamped copy to the undersigned.

Thank you for your assistance in this regard.

Sincerely yours,

JOEL E. BOYD

JEB/ym

Enclosures

cc: Shady Oaks Associates Limited Partnership



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 20, 1998

JOEL E. BOYD DEAN MEAD SPIELVOGEL GOLDMAN & BOYD 7380 MURRELL ROAD, SUITE 100 MELBOURNE, FL 32940-7947

SUBJECT: SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP

Ref. Number: W98000006211

We have received your document for SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP and your check(s) totaling \$245.00. However, the document has not been filed and is being retained in this office for the following:

You failed to include the registered agent's acceptance statement with your certificate. The filing fee base on \$300,000.00 contributions is \$1,750.00. We will need an additional \$1,540.00.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 898A00015052

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP A Florida Limited Partnership

The undersigned, desiring to convert a Partnership to a Limited Partnership pursuant to Section 620.8902 - 620.8904 of the Florida Statutes, as amended, hereby stated the following:

- The name of the Partnership is SHADY OAKS
 ASSOCIATES LIMITED PARTNERSHIP.
- 2. The address of the office of the Partnership 18
 950 Eau Gallie Boulevard, Melbourne, FL 32935
- 3. The agent for service of process on the Fartnership is Joel E. Boyd, Esq., Dean, Mead, Spielvogel, Goldman & Boyd, 7380 Murrell Road, Suite 100, Melbourne, FL 32940.
- 4. The name and address of the general partner is Sorensen Palm Bay Self Storage, Inc., a Florida corporation, 950 Eau Gallie Boulevard, Melbourne, FL 32935.
- 5. The Partnership was converted to a limited partnership from a partnership.
- 6. The former name of the Partnership is SHADY OAKS
 ASSOCIATES PARTNERSHIP.
- 7. One Hundred (100%) percent of the interests of the General Partner and the Limited Partners of the

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Partnership voted unanimously in favor of the conversion of the Partnership.

- 8. The mailing address of the Partnership is 950 Eau Gallie Boulevard, Melbourne, FL 32935.
- 9. The latest date upon which the Partnership shall dissolve is December 31, 2040.
- 10. The effective date of this Certificate of Limited
 Partnership shall be the date that it is filed by
 the Secretary of State of Florida.

The execution of this Certificate by the undersigned compensation of this certificate by the undersigned compensation of the certificate by the undersigned compensation of this certificate by the undersigned compensation of the certification of the certification

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP, this 16th day of January, 1998.

Signed, sealed and delivered in the presence of:

GENERAL PARTNER:

SORENSEN PALM BAY SELF STORAGE, INC., a Florida corporation

Bv:

oan Hipps Sorensen,

President

Print Name

Print Name:

Joel E. Boyd

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COUNTY OF BREVARD

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Joan Hipps Sorensen, President of Sorensen Palm Bay Self Storage, Inc., a Florida corporation, the sole general partner of the SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP, a Florida limited partnership (hereinafter referred to as the "Partnership"), of Brevard County, Florida, who upon being duly sworn, certified as follows:

- 1. The amount of the capital contributions to the Partnership made by the Limited Partners is \$ 300,000 .00.
- 2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is \$0.\$

FURTHER AFFIANT SAITH NOT.

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.

"GENERAL PARTNER"

SORENSEN PALM BAY SELF STORAGE, INC., a Florida corp.

Dated January 16, 1998

By: Orn Hipps Sorensen, President

Sworn to and subscribed before me this 16th day of January, 1998, by Joan Hipps Sorensen, President of Sorensen Palm Bay Self Storage, Inc., a Florida corporation, as General Partner on behalf of the Shady Oaks Associates Limited Partnership, a Florida limited partnership. She is (check one) A is personally known to me, a produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or a produced other identification, to wit:

JOEL E. BOYD

Notary Public, State of Florida

My Comm. Expires Sept. 25, 1999

Comm. No. CC 493783

Print Name:

Notary Public, State of Florida

Commission No.:

My Commission Expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

THE UNDERSIGNED LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT:

- 1. The name of the limited partnership is: SHADY OAKS ASSOCIATES LIMITED PARTNERSHIP.
- The name and address of the registered agent and office is: Joel E. Boyd, Esq., 7380 Murrell Road, Suite 100, Melbourne, FL 32940.

Having been named as registered agent and to accept service of process for the above stated limited partnership, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and I am familiar with and accept the obligations of position as registered agent.

JOET E BOYD

Date: 4/6/98