



H48000000994

CAPITAL CONNECTION, INC  
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SWF Development Limited  
Partnership

700002497537-0  
-04/23/98-01025-008  
\*\*\*1034.50 \*\*\*1034.50

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File cert \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 23 PM 12:40

LP 982  
Cert 52.50

RECEIVED  
98 APR 23 AM 9:59  
DIVISION OF CORPORATIONS

NYC  
4/23/98

Signature \_\_\_\_\_

Requested by: CS  
Name \_\_\_\_\_ Date 4/23 Time 9:20

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**FOR**  
**SWF DEVELOPMENT LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 23 PM 12:14 10

The undersigned, being desirous of forming a limited partnership under the laws of the State of Florida, does hereby certify as follows:

1. The name of the limited partnership is SWF Development Limited Partnership (the "Partnership").

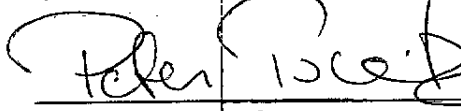
2. The mailing address for the principal office of the partnership in the State of Florida is located c/o Jane Yeager Cheffy, 2375 Tamiami Trail N., Suite 310, Naples, Florida 34103-4439, or at such other location in the State of Florida as the General Partner may determine from time to time. The name and address of the agent for service of process shall be Jane Yeager Cheffy, 2375 Tamiami Trail N., Suite 310, Naples, Florida 34103-4439.

3. The name and the business address of the general partner of the Partnership (collectively, the "General Partner") is Crown Colony Management, Inc., a Florida corporation, with a business address c/o Jane Yeager Cheffy, 2375 Tamiami Trail N., Suite 310, Naples, Florida 34103-4439.

4. The latest date upon which the Partnership is to dissolve is December 31, 2038.

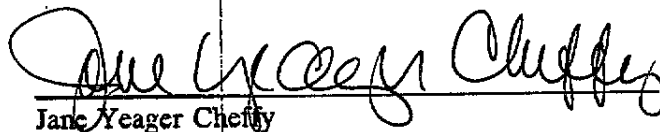
IN WITNESS WHEREOF, the undersigned has duly executed this certificate of Limited Partnership as of the 22nd day of April, 1998.

CROWN COLONY MANAGEMENT, INC.



By: Peter Tschernitz  
Title: President

I, Jane Yeager Cheffy, having been designed to act as registered agent, hereby agree to act in such capacity.

  
Jane Yeager Cheffy

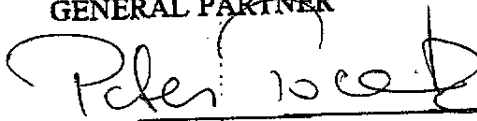
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned, being a duly authorized officer of the General Partner, Crown Colony Management, Inc., a Florida corporation, of SWF Development Limited Partnership, a Florida Limited Partnership, DECLARES as follows:

FILED  
SECRETARY OF CORPORATIONS  
98 APR 23  
PM 12:40

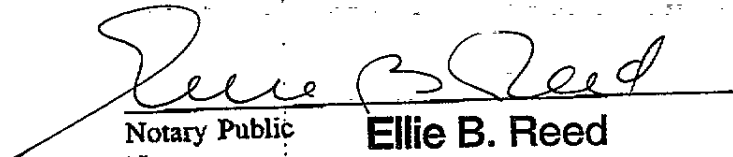
1. That he is a duly authorized officer of Crown Colony Management, Inc., General Partner of SWF Development Limited Partnership, and as such, he makes this affidavit.
2. That the amount of capital contributed and anticipated to be contributed by the limited partners of SWF Development Limited Partnership to the Partnership is \$135,000.

GENERAL PARTNER



By: Peter Tschernitz  
President of Crown Colony Management, Inc.

The foregoing instrument was acknowledged before me this 22nd day of April, 1998, by Peter Tschernitz, as President of Crown Colony Management, Inc., the General Partner of SWF Development Limited Partnership, a Florida Limited Partnership, on behalf of the Partnership. Said person is personally known to me or has produced a driver's license as identification.



Notary Public  
Name: \_\_\_\_\_

**Ellie B. Reed**

My Commission Expires: \_\_\_\_\_

