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CORPORATE ACCESS,		ount Vernon Square . Tallahasse	
	ox 37066 (32315-7066) ~	(850) 222-2666 or (800) 969-166	6. Fax (850) 222-1666
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Alton Ca	mnin	ties. Ltd	
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CERTIFICATE OF LIMITED PARTNERSHIP

OF

ALTON COMMUNITIES, LTD.

The undersigned, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act, as amended, of the State of Florida, do hereby certify:

- 1. The name under which the Partnership is to be conducted is ALTON COMMUNITIES, LTD.
- 2. The address of the record keeping office of the Partnership is 3211 Ponce De Leon Boulevard, Suite 301, Coral Gables, Florida 33134.
- 3. The Registered Office of the Partnership and the name and address of the Registered Agent of the Partnership at that office is FRANK MILTON, 3211 Ponce De Leon Boulevard, Suite 301, Coral Gables, Florida 33134.
 - 4. The name and the business address of each General Partner is as follows:

Name

Business Address

Partin communities, inc.

3211 Ponce De Leon Boulevard, Suite 301 Coral Gables, Florida 33134

- 5. A mailing address of the Partnership is 3211 Ponce De Leon Boulevard, Suite 301, Coral Gables, Florida 33134.
 - 6. The latest date upon which the Partnership shall dissolve is December 31, 2048.

IN WITNESS WHEREOF, the undersigned General Partner has executed the foregoing Certificate of Limited Partnership on the date indicated below affirming under penalties of perjury that the facts stated therein are true.

Date of Ex	ecution		General Partner
	· · · · · · ·		ALTON COMMUNITIES, INC.
_	¢.	•	
5/11	, 1998		AST
			FRANK MILTON, President

CERTIFICATE ACCEPTING APPOINTMENT AS REGISTERED AGES

ALTON COMMUNITIES, LTD., desiring to organize under the laws of the State of Florida, has named the undersigned, FRANK MILTON, located at 3211 Ponce De Leon Boulevard, Suite 301, City of Coral Gables, County of Dade, State of Florida, as its Registered Agent to accept service of process within this state.

Having been named to accept service of process for the above stated Limited Partnership, at the address listed above, I hereby accept to act in this capacity, and agree to comply with the provision of the Florida Statutes relative to keeping open said office.

RANK MILTON

(REGISTERED AGENT)

Affidavit of Capital

State of Florida

) SS:

County of Miami-Dade)

Before me, the undersigned authority, personally appeared FRANK MILTON, who upon being duly sworn deposed as follows:

- 1. I am the President of ALTON COMMUNITIES, INC., named as the General Partner in the Certificate of Limited Partnership of ALTON COMMUNITIES, LTD.
- 2. The amount of the capital contributions of the Limited Partners of the Limited Partnership is \$148,500.00.
- 3. The amount anticipated to be contributed by the Limited Partners of the Limited Partnership, including the amount of the capital contributions stated in two above, is \$148,500.00.

FRANK MILTON

STATE OF FLORIDA) COUNTY OF MIAMI-DADE)

NOTARY PUBLIC:

Print

State of Florida at Large

My Commission Expires:

YVONNE A. BODDEN
MY COMMISSION # CC 537139
EXPIRES: March 4, 2000
Bonded Thru Notary Public Underwriters