

A9800000 2792

FILING COVER SHEET

REFERENCE:

0163.4914

DATE:

12-18-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

The Reserve at Riverbridge
Investors, Ltd.

STATE FEES PREPAID WITH CHECK #

43
3869

FOR \$

87.50

8.75

PLEASE FILE:

() ARTICLES OF INC.

() AMENDMENT

() DISSOLUTION

() ANNUAL REPORT

() MERGER

() WITHDRAWAL

() QUALIFICATION

() LIMITED PARTNERSHIP

() ANNUAL REPORT

() FICTITIOUS NAME

() LIMITED LIABILITY

() REINSTATEMENT

() TRADEMARK/SERVICE

() UCC-1

() UCC-3

PROVIDE US WITH:

() CERTIFIED COPY

() CERTIFICATE OF STATUS

() STAMPED COPY

Examiner's Initials

600002715736--5

-12/18/98-01047-004

*****8.75 *****8.75

FILED
STATE
CLERK
DIVISION
98 DEC 18 PM 12:37

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
THE RESERVE AT RIVERBRIDGE INVESTORS, LTD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 18 PM 12:37

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. *Name of Partnership.* The name of the Partnership shall be **THE RESERVE AT RIVERBRIDGE INVESTORS, LTD.**

2. *Address of Recordkeeping Office; Agent for Service of Process.* The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at 11300 Fourth Street North, Suite 200, St. Petersburg, Florida 33716, and the name of the Partnership's agent for service of process at said address is **M. Steven Sembler**.

3. *Name and Business Address of the General Partner.* The name and address of the General Partner is as follows:

Name	Address
Okeehlee Apartments, Inc. 8980000628336	11300 Fourth Street North, Suite 200 St. Petersburg, Florida 33716

4. *Mailing Address for the Limited Partnership.* The mailing address for the Limited Partnership shall be located at 11300 Fourth Street North, Suite 200, St. Petersburg, Florida 33716.

5. *Term.* The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **THE RESERVE AT RIVERBRIDGE INVESTORS, LTD.**

DATED this 10 day of December, 1998.

GENERAL PARTNER:

OKEEHLEE APARTMENTS, INC.,
a Florida corporation

By: M. Steven Sembler
M. Steven Sembler, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

M. Steven Sembler
M. STEVEN SEMBLER

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, **M. STEVEN SEMBLER**, the President of **OKEEHHEELLEE APARTMENTS, INC.**, a Florida corporation, the sole general partner of **THE RESERVE AT RIVERBRIDGE INVESTORS, LTD.**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partner has contributed \$100.00 of capital to the Partnership.
2. It is anticipated that no additional contributions shall be contributed by the limited partner in the future.

This 10 day of December, 1998.

FURTHER AFFIANT SAYETH 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.

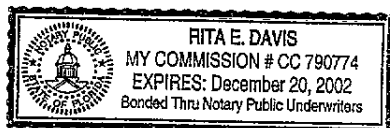
GENERAL PARTNER:

OKEEHHEELLEE APARTMENTS, INC.,
a Florida corporation

By: *M. Steven Sembler*
M. Steven Sembler, President

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this ____ day of December, 1998, by **M. STEVEN SEMBLER**, the President of **OKEEHHEELLEE APARTMENTS, INC.**, a Florida corporation, the sole general partner of **THE RESERVE AT RIVERBRIDGE INVESTORS, LTD.**, on behalf of the limited partnership, who is personally known to me or who has produced PN as identification and who did take an oath.



Rita E. Davis
NOTARY PUBLIC
Name: Rita E. Davis
Commission No. _____
My Commission Expires: _____

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