

Division of Corporations

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To: Gretchen Harvey
Division of Corporations
Fax Number : (850) 922-4003

From: Karen L. DiDea
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600 (407) 418-6462
Fax Number : (407) 843-4444

**Gretchen, please see resubmitted Certificate of Limited Partnership for Sawgrass Limited Partnership No. 1, along with your letter of rejection. The verification of the filed document should be returned to me as soon as possible. Thank you! Karen

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FLORIDA LIMITED PARTNERSHIP

SAWGRASS LIMITED PARTNERSHIP NO. 1

A 98-2893

98 DEC 29 PM 3: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/98 16:16 Florida Department pi /1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 23, 1998

KAREN L. DIDEA
LOWNDES, DROSDICK, DOSTER
ORLANDO, FL

SUBJECT: SAWGRASS LIMITED PARTNERSHIP NO. 1
REF: W98000028732

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

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) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

FAX Aud. #: H98000023970
Letter Number: 698A00060286

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DIVISION OF CORPORATIONS

**AFFIDAVIT AND CERTIFICATE OF
LIMITED PARTNERSHIP
OF
SAWGRASS LIMITED PARTNERSHIP NO. 1
A Florida Limited Partnership**

The undersigned, desiring to form a limited partnership pursuant to the laws of the state of Florida, hereby certifies and declares as follows:

(1) The name of the partnership is **SAWGRASS LIMITED PARTNERSHIP NO. 1**, a Florida limited partnership (the "Partnership").

(2) The mailing address and principal place of business of the Partnership shall be 5802 Hoffner Road, Suite 704, Orlando, Florida 32822.

(3) The name and street address of the agent for service of process is Jon C. Yergler, Esq., Lowndes, Drosdick, Doster, Kantor & Reed, P.A., 215 North Eola Drive, Orlando, Florida 32801.

(4) The name and mailing address of the sole general partner of the Partnership is Weeks Realty, L.P., 4497 Park Drive, Norcross, Georgia 30093.

BGS-135

(5) The latest date upon which the Partnership is to dissolve and liquidate is December 31, 2048.

(6) The total present contribution to the capital of the Partnership made by the limited partner is none. The amount of the capital contributions to be made by the limited partner in the future is none.

IN WITNESS WHEREOF, the undersigned general partner has executed this Affidavit and Certificate of Limited Partnership on this 2nd day of December, 1998.

SOLE GENERAL PARTNER:

WEEKS REALTY, L.P.

By: Weeks G P Holdings, Inc., general partner

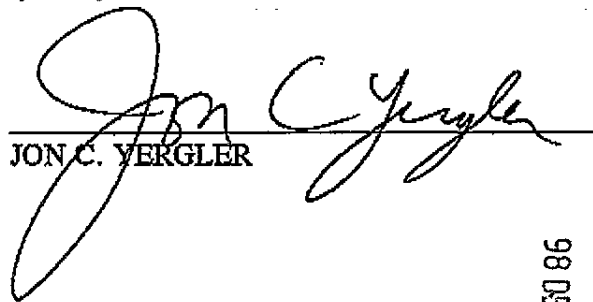
This document was prepared by:
Jon C. Yergler, Esquire
Florida Bar Number: 0289541
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
P.O. Box 2809
Orlando, Florida 32802-2809
(407) 843-4600

By: Elizabeth C Beard
Its: Secretary

ACCEPTANCE OF APPOINTMENT

The undersigned acknowledges and accepts his appointment as registered agent of **SAWGRASS LIMITED PARTNERSHIP NO. 1**, a Florida limited partnership (the "Partnership"), and agrees to act in that capacity and to comply with the provisions of the Florida Limited Partnership Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts, the obligations of a registered agent appointed as provided for in Chapter 620 of the Florida Statutes.

Dated this 2nd day of December, 1998,



JON C. YERGLER

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