

Charter Number Only  
**A99000000253**

2/11/99 Frankel

Blass & Frankel, P.A.

Requestor's Name  
1 S.E. 3rd Avenue #2130

Address  
Miami, Fl 33131

City State ZIP Phone  
(305) 377-9353

VALIDATION ONLY

100002774881--2  
-02/15/99-01032-012  
\*\*\*1837.50 \*\*\*1837.50

**CORPORATION(S) NAME**

Ludlam Plaza Apartments, LTD.

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

3



Empire Toll Free: 1-800-432-3028

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB 15 AM 10:24

DIVISION OF CORPORATIONS  
99 FEB 15 PM 8:59

JK  
2/15/99

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
LUDLAM PLAZA APARTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
99 FEB 15 AM 10:24

The undersigned, PROFESSIONAL MANAGEMENT GENERAL PARTNERSHIPS, INC., a Florida corporation, having an address at 9095 S.W. 87 Avenue # 777, Miami, Florida 33176 desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. **Name of Limited Partnership.** The name of the Limited Partnership is **LUDLAM PLAZA APARTMENTS, LTD.**
2. **Office for Maintenance of Business Records.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 9095 S.W. 87 Avenue, Suite 777, Miami, Florida 33176.
3. **Agent for Service of Process.** The name and address of the Partnership's agent for service of process in Florida is Professional Management General Partnerships, Inc., a Florida corporation, having an address at 9095 S.W. 87 Avenue Suite 777, Miami, Florida 33176
4. **General Partners.** The name and business address of the General Partner in the Limited Partnership is Professional Management General Partnerships, Inc., a Florida corporation, with a business address at 9095 S.W. 87 Avenue, Suite 777, Miami, Florida 33176.
5. **Address of Partnership.** The mailing address of the Limited Partnership is 9095 S.W. 87 Avenue, Suite 777, Miami, Florida 33176. P96000099680
6. **Date of Dissolution.** The latest date on which the Limited Partnership is to dissolve is December 31, 2049.
7. **Effective Date.** This certificate will become effective, and the Limited Partnership will be formed, on February 15, 1999.

Executed in Miami-Dade County, Florida, this 11TH day of February, 1999.

Professional Management General Partnerships, Inc.,  
a Florida corporation, as General Partner  
and as Registered Agent  
9095 S.W. 87 Avenue  
Suite 777  
Miami, Florida 33176

By:   
\_\_\_\_\_  
JAMES R. MITCHELL, as its President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED STATE  
SECRETARY OF CORPORATIONS  
99 FEB 15 AM 10:24

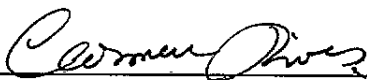
The undersigned, JAMES R. MITCHELL, as President of **PROFESSIONAL MANAGEMENT GENERAL PARTNERSHIP, INC.**, a Florida corporation, as the General Partner of **LUDLAM PLAZA APARTMENTS, LTD.**, declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made capital contributions in the sum of \$204,500.00 to date.
2. The Limited Partners shall make additional contributions of \$491,500.00.
3. The total contributions made and/or to be made by the Limited Partners will be Six Hundred Ninety Six Thousand and 00/100 Dollars (\$696,000.00).
4. Other than as stated above, no additional contributions will be made.

Sworn to and subscribed at Miami, Miami-Dade County, Florida, this \_\_\_\_ day of February, 1999.

  
\_\_\_\_\_  
JAMES R. MITCHELL

The foregoing instrument was acknowledged before me this 11 day of February, 1999, by JAMES R. MITCHELL, as President of PROFESSIONAL MANAGEMENT GENERAL PARTNERSHIPS, INC., a corporation organized and existing under the laws of the State of Florida, who [] is personally known to me, or [] has produced \_\_\_\_\_ as identification and who took oath.

  
\_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
My commission expires: \_\_\_\_\_  
Commission No: \_\_\_\_\_

OFFICIAL NOTARY SEAL  
CARMEN RIVAS  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC573108  
MY COMMISSION EXP. JULY 29, 2000