

CAPITAL CONNECTION INC.

417 E. Virginia Street, Tallahassee, Florida 32302
(850) 224-8800 • 1-800-442-8002 • Fax (850) 224-1022

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The Eldredge Limited
Partnership

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***1837.50 ***1837.50

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99 MAY 19 AM 9:48

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MR
5/26/99

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

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
99 MAY 26 PM 1:25



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 19, 1999

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: THE ELDREDGE LIMITED PARTNERSHIP
Ref. Number: W99000011771

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We have received your document for THE ELDREDGE LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

ALSO, PLEASE NOTE that since you will not be using the name ELDREDGE, INC. as the name of the corporate general partner, please be sure that the new name you choose for the corporate general partner is listed throughout these partnership documents.

ALSO, please note that we have RETAINED your \$1,837.50 payment.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 499A00027849

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 MAY 26 AM 10:07

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corrected

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ELDREDGE INVESTMENTS LIMITED PARTNERSHIP
A Florida Limited Partnership**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 26 PM 1:25

The undersigned makes the following declaration of information for the purpose of forming ELDREDGE INVESTMENTS LIMITED PARTNERSHIP under the Florida Revised Uniform Partnership Act:

1. Name. The name of this Limited Partnership is ELDREDGE INVESTMENTS LIMITED PARTNERSHIP.

2. Business. The purpose of the Partnership's business is to own, acquire, sell, manage and lease investment property of any type, kind or description, including marketable securities and real estate, and to do all other things necessary, proper, convenient or advisable in connection therewith.

3. Principal Place of Business and Location of Records. The location of the principal place of business of the Partnership is 700 Coral Way, #9, Coral Gables, Florida 33134, at which place the records shall be maintained.

4. Registered Agent. The name and address of the registered agent for service for this Limited Partnership is Mitchell E. Silverstein, c/o Dunwoody White & Landon, P.A., 550, Biltmore Way, Suite 810, Coral Gables, Florida 33134, and who acknowledges by his signature hereunder that he accepts such designation.

5. The General Partner. The name and business address of the General Partner is Eldredge Investments, Inc., 700 Coral Way, #9, Coral Gables, Florida 33134.

6. Mailing Address. The mailing address of the Limited Partnership is c/o Eldredge Investments, Inc., 700 Coral Way, #9, Coral Gables, Florida 33134.

7. Term. The Partnership shall begin at the time of the filing of the certificate of Limited Partnership with the Department of State and shall liquidate and dissolve on the 35th anniversary of the date of the ELDREDGE INVESTMENTS LIMITED PARTNERSHIP

AGREEMENT, unless terminated or dissolved earlier or extended by written agreement of a majority of the Partners.

8. Affidavit of the Amount of Capital Contributions. The amount of capital contributions of each limited partner and the amount of capital contributions anticipated by the limited partners is described in the Affidavit attached as Schedule A.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25th day of May, 1999.

Witnesses




GENERAL PARTNER:

ELDREDGE INVESTMENTS, INC.

By 
Louisa Candler Eldredge, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent for the above-referenced Florida Limited Partnership at the above-designated Registered Office, the undersigned hereby accepts the appointment, and agrees to comply with the provisions of Chapter 620 et seq., Florida Statutes, as amended from time to time, concerning the obligations of registered agents.

Executed this 25th day of May, 1999.


Mitchell E. Silverstein, Registered Agent

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SCHEDULE A

**ELDREDGE INVESTMENTS LIMITED PARTNERSHIP
AFFIDAVIT OF THE AMOUNT OF THE CAPITAL CONTRIBUTIONS OF THE
LIMITED PARTNERSHIP, AND ANY AMOUNT ANTICIPATED TO BE
CONTRIBUTED BY THE LIMITED PARTNERS**

The undersigned presents this Affidavit, given under oath, to affirm the following:

1. The amount of the capital contributions to date by the Limited Partners is
\$ -0-.
2. The amount anticipated to be contributed by the Limited Partners at this time totals
\$60,000,000.

ELDREDGE INVESTMENTS, INC.

By Louisa Candler Eldredge
Louisa Candler Eldredge, President

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me on this 25th day of May, 1999, by Louisa Candler Eldredge, the President of ELDREDGE INVESTMENTS, INC., on behalf of said corporation, and said individual is personally known to me (yes) (no) or has produced N/A as identification to me, and who acknowledged execution of the foregoing instrument.

Roxana Alvarez
Notary Public, State of Florida
Name: Roxana C. Alvarez
(Print Name)
My Commission Expires:

