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904-222-0393 FAX

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MAIL TO:
P.O. Box 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032
REFERENCE : 542866 3487A
AUTHORIZATION :
COST LIMIT : * PREPAID

ORDER DATE : February 14, 1995
ORDER TIME : 9:33 AM
ORDER NO. : 542866
CUSTOMER NO: 3487A

800001410278
-02/20/95--01054--003
****796.25 ****796.25

CUSTOMER: Tami D. Toms, Legal Secretary
ICARD MERRILL CULLIS TIMM
FUREN & GINSBURG, PA
2033 Main Street, Suite 600
P. O. Drawer 4195
Sarasota, FL 34237

QUALIFICATION

NAME: BREEZE ASSOCIATES, LTD.
C. TAX FILING 735.00
STATE FEE 52.50
BALANCE DUE

RECEIVED
1995 FEB 14 AM 11:01
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	XXXX
Availability	2/14/95
Document	
Examiner	XXXXX
Updater	
Under Verifier	
Acknowledgement	luc
Under Verifier	luc

-CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

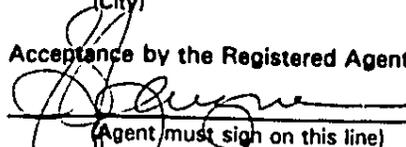
CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

B9500000056
\$100,000.00

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

1. BREEZE ASSOCIATES, LTD.
(Name of limited partnership as it is in the home state:)
2. FOUNTAIN LAKES ASSOCIATES, LTD.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. TEXAS 4. 03/10/89
(State of Formation) (Date of Formation)
5. J. GEOFFREY PFLUGNER
(Name of Registered Agent for Service Process)
6. 2033 Main Street, Suite 101
(Street Address of Registered Office)
Sarasota, Florida 34237
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.

(Agent must sign on this line)
8. 1249 South Basin Lane, Sarasota, Florida 34242
(Address of registered office required in state of formation or, if not required, address of principal office.)
9.

NAMES OF GENERAL PARTNERS	SPECIFIC ADDRESS
<u>RICHARD J. SEGAL, 1249 South Basin Lane, Sarasota, Florida 34242</u>	<u>34242</u>
10. 1249 South Basin Lane, Sarasota, Florida 34242
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

FILED
1985 FEB 14 AM 11:01
TALLAHASSEE, FLORIDA
STATE

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partnership or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. 2033 Main Street, Suite 101, Sarasota, Florida 34242
 (Mailing Address of Limited Partnership)

This 13th day of February, 19 95.

[Signature]
 General Partner

STATE OF
 COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 13th day of February, 19 95, by Richard J. Segal of Breeze Associates, Ltd., a Texas Limited Partnership.

Tambla D. Toms
 Notary Public

TAMBLA D. TOMS
 Notary Public, State of Florida
 My Comm. Expires April 18, 1998
 No. CC 378830
 Bonded Through Official Notary Service

State of Florida at Large

(SEAL) My Commission Expires: _____

FILED
 1995 FEB 14 AM 11:01
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned personally appeared Richard J. Segal, a general partner of Breeze Associates, Ltd., a (an) Texas limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 510,000.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100,000.00.

This 13th day of February, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

[Signature]
General Partner

FILED
1995 FEB 14 AM 11:01
TAMPA, FLORIDA

State of FLORIDA

County of SARASOTA

Date February 13, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Richard J. Segal (General Partner), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 13th day of February, 19 95.

[Signature]
Notary Public

Seal **TAMBLA D. TOMS**
Notary Public, State of Florida
My Comm. Expires April 18, 1998
No. CC 376639
Bonded thru Official Notary Service

State of _____ at Large My Commission expires: _____

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

95 JUN 28 PM 2:51

B9500000056

1. Name of Limited Partnership
FOUNTAIN LAKES ASSOCIATES, LTD.

1a. DOCUMENT #
B9500000056

Mailing Address
**2033 MAIN STREET, SUITE 101
SARASOTA FL 34242**

Principal Office Address
**2033 MAIN STREET, SUITE 101
SARASOTA FL 34242**

2. New Mailing Address If Applicable
Suite Apt # etc
City, State & Zip

2a. New Principal Office Address If Applicable
Suite Apt # etc
City, State & Zip

3. Date Form filed or Registered to Do Business in
FLORIDA 02/14/1995

3a. Date of Last Report

4. State or Country of Formation
TX

5a. Capital Contributions as Shown on Record
\$100,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$100,000.00

6. FEI Number
74-2528906

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable

8. FEES: 1.) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee \$128.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.15 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

FF-181,076.25

9. Name and Address of Current Registered Agent
**PFLUGNER, J. GEOFFREY
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt #
City

REINSTATEMENT 96

FL 6/28/95

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, hereby accept the appointment of the above-named agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of the above-named agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Required Agent Accepting Appointment)
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SEGAL, RICHARD J	1240 SOUTH BASIN LANE	SARASOTA FL 34242	200001888452 -07/09/95--01146--007 ***1076.25 ***1076.25

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Richard J. Segal*

RICHARD J. SEGAL

DATE **4/27/96**

Telephone Number **941-366-5707**