

CORP. IN MAY
SERV. 120
TA 3230
904-222-9171
904-222-0393 FAX

B9500000056

CSC networks

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

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

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

QUALIFICATION

NAME: BREEZE ASSOCIATES, LTD.

C. TAX _____
FILING 735.00
R. FEE _____
C. FEE 52.50
T. FEE 18.75
N. FEE _____
BALANCE DUE _____

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

| | |
|-----------------|---------|
| Name | XXXX |
| Availability | 2/15/95 |
| Document | |
| Examiner | XXXXXX |
| Updater | |
| Verifier | |
| Acknowledgement | Doc |
| Verifier | Doc |

-CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

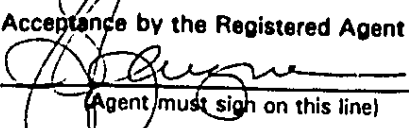
EXAMINER'S INITIALS: _____

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

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</u> | <u>34242</u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </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
STATE
TALLAHASSEE, FLORIDA

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 378639
Bonded thru Official Notary Service

State of Florida at Large

(SEAL) My Commission Expires: _____

FILED
1995 FEB 14 AM 11:01
STATE
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.


General Partner

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.


Notary Public

Seal

TAMBLA D. TOMS
Notary Public, State of Florida
My Comm. Expires April 18, 1998
No. CC 376639

State of Florida at Large My Commission expires: _____

FILED
1995 FEB 14 AM 11:01
TAMBLA D. TOMS
NOTARY PUBLIC
FLORIDA

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

FILED

96 JUN 28 PM 2:51

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000056

FOUNTAIN LAKES ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

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

Mailing Address

2033 MAIN STREET, SUITE 101
SARASOTA FL 34242

Principal Office Address

2033 MAIN STREET, SUITE 101
SARASOTA FL 34242

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Partnership 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 \$138.75 (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 \$576.25 (\$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

FL

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 accepts the appointment of the undersigned as its registered 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 undersigned as its registered agent and accept the obligations of section 620.192, Florida Statutes.

DATE

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)

SEGAL, RICHARD J

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1240 SOUTH BASIN LANE

11b. City, State & Zip Code

SARASOTA FL 34242

11c. Registration/
Document Number

200001888452
-07/09/96--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 form 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

DATE

4/27/96

Telephone Number

941-366-5707

Typed or Printed Name of General Partner Signing Form

RICHARD J. SEGAL

0008450