

Document Number Only

B95000000283

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1032
CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -3 PM 2:33

Consolidated Product Ventra, LP Limited Partnership

- 700001555497
-08/03/95--01002--004
*****87.50
- | | | |
|---|---|--|
| ☐ Profit | ☐ Amendment | ☒ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☒ Limited Liability Company | ☐ Annual Report | ☐ Other |
| ☐ Foreign | ☐ Resurrection | ☐ Change of R.A. |
| ☐ Limited Partnership | ☐ Photo Copies | ☐ Fictitious Name |
| ☐ Reinstatement | ☐ Call When Ready | ☐ CUS/ G/S |
| ☐ Certified Copy | ☐ Call if Problem | ☐ After 4:30 |
| ☐ Call When Ready | ☐ Will Wait | ☐ Pick Up |
| ☒ Walk In | | |
| ☐ Mail Out | | |

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

CR2E031 (1-89)

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

G. IAA _____
FILING _____
R. AGENT FEE _____
C. COPY _____
TOTAL _____
V. BANK _____
BALANCE DUE _____

3:00 PK
8-3-95
Buck: Please fill in
check & return all copies
to Melaine along with F. I. I.

Thank A million U

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

1. CONSOLIDATED APARTMENT VENTURES, L.P. Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(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. DELAWARE 4. JUNE 26, 1995
(State of Formation) (Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Connie Bryan
(Officer, must sign on this line)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. 520 BROAD STREET, NEWARK, N.J. 07102
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

METRO IRB, INC.

520 BROAD STREET
NEWARK, N.J. 07102

F94000002556

10. 520 BROAD STREET, NEWARK, N.J. 07102
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 520 BROAD STREET, NEWARK, N.J. 07102
(Mailing Address of Limited Partnership)

This 2nd day of AUGUST, 19 95.

CONSOLIDATED APARTMENT VENTURES, L.P. Limited Partnership
a Delaware Limited Partnership

By: METRO IRB, INC.
an General Partner
By: Michael S. Ryan
Michael S. Ryan, President

FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG -3 PM 2:33

STATE OF NEW JERSEY

COUNTY OF ESSEX

THE FOREGOING instrument was acknowledged and sworn to before me this 2nd day
of AUGUST, 19 95, by METRO IRB, INC. (Name of General Partner) of

Consolidated Apartment Ventures, L.P. Limited Partnership
(Name of Limited Partnership), a Delaware (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

James L. Howard

Notary Public

State of New Jersey at Large

My Commission Expires:

(SEAL)

JAMES L. HOWARD
A Notary Public of New Jersey
My Commission Expires March 17, 1999

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared METRO IRB, INC., a general partner of CONSOLIDATED APARTMENT VENTURES, L.P., a (an) limited Partnership DELAWARE limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

This 2nd day of AUGUST, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

CONSOLIDATED APARTMENT VENTURES, L.P. Limited Partnership

By: METRO IRB, INC
as General Partner

By: Michael S. Ryan
Michael S. Ryan, President

STATE OF NEW JERSEY
COUNTY OF ESSEX
DATE AUGUST 2, 1995

FILED STATE
SECRETARY OF CORPORATIONS
95 AUG -3 PM 2:33

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 Michael S. Ryan, President of METRO IRB General Partner, known to me and know 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 2nd day of AUGUST, 1995.

Seal

James L. Howard
Notary Public

State of New Jersey at Large
My Commission Expires:

JAMES L. HOWARD
A Notary Public of New Jersey
My Commission Expires March 17, 1999

Document Number Only

395000000283

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

000001567640
-08/23/95--01066--017
*****17.50 *****17.50

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 AUG 21 PM 3:30

Consolidated Apartment Ventures, L.P. Limited Partnership

- 000001567640
-08/23/95--01066--016
*****35.00 *****35.00
- | | | |
|--|---|---|
| ☐ Profit | ☒ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Limited Liability Company | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☐ Foreign | | |
| ☐ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Reservation | ☐ Change of R.A. |
| ☐ Certified Copy | ☐ Photo Copies | ☐ Fictitious Name |
| | | ☐ CUS/ G/S |
| ☐ Call When Ready | ☐ Call if Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Mail Out | | |
- 8/21/95

Name Availability	B/K
Document Examiner	
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Verifier	
Acknowledgment	
W.P. Verifier	

3:00
8-21-95

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File 2nd

G. TAX _____
FILING 52.50
R. AGENT FEE _____
C. COPY _____
TOTAL 52.50
V. BANK _____
BALANCE DUE _____
REFUND _____

CR2E031 (1-89)

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

CONSOLIDATED APARTMENT VENTURES, L.P. LIMITED PARTNERSHIP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173 Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

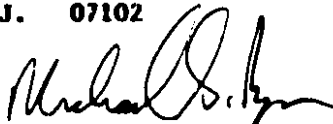
The name and business address of the new General Partner is as follows:

Pelican Apartment Properties, Inc.
520 Broad Street
Newark, N.J. 07102

F95000004015

The name and business address of the withdrawing General Partner is as follows:

Metro IRB, Inc.
520 Broad Street
Newark, N.J. 07102



(Signature of a General Partner)

PELICAN APARTMENT PROPERTIES, INC.

(Typed or printed name of General Partner signing above)

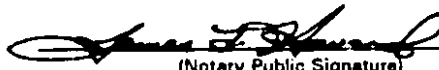
By: **Michael S. Ryan, President**

STATE OF NEW JERSEY

COUNTY OF ESSEX

On this 17th day of AUGUST, 19 95, MICHAEL S. RYAN
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of



(Notary Public Signature)

(Notary's Printed Name)

Seal

My Commission Expires: _____

JAMES L. HENNING
A Notary Public of New Jersey
My Commission Expires March 17, 1999

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 APR -5 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000283

CONSOLIDATED APARTMENT VENTURES, L.P. LIMITED PARTNERSHIP

Mailing Address

530 BROAD STREET
NEWARK NJ 07102

Principal Office Address

530 BROAD STREET
NEWARK NJ 07102

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 Formed or Registered to Do Business in
FLORIDA

08/03/1985

3a. Date of Last Report

4. State or Country of Formation

DE

5a. Capital Contributions as Shown
on Record

\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

22-3412083

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

OT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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, submits this statement 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 registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(If known, list the Post Office Box Number)

11b. City, State & Zip Code

11c. Registration/
Document Number

PELICAN APARTMENT PROPERTIES

520 BROAD STREET

NEWARK NJ 07102

B95000004015

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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver, trustee, empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 2-13-96

Typed or Printed Name of General Partner Signing Form

Mark Mahony

Telephone Number

701-481-8856