Document Number Only

B95000000283

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

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

Consolidated Gypsum Ventures, LP Limited Partnership

700001555497
-08/03/95--01002--004
*****87.50 *****87.50

( ) Profit
( ) NonProfit
(X) Limited Liability Company
( ) Foreign
( ) Limited Partnership
( ) Reinstatement
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( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation
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( ) Call If Problem
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( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
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Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

3:00 PK
8-3-95

Buck: Please fill in check & return all copies to Melanie along with Filing. Thank A million !

PLEASE RETURN EXTRA COPY(S)
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C. TAA 3C 8/3/95
FILING 52.50
R. AGENT FEE 35.00
C. COPY
TOTAL 87.50
V. BANK
BALANCE DUE

Florida Department of State, Jim Smith, Secretary of State

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 (State of Formation)

4. JUNE 26, 1995 (Date of Formation)

5. C T 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 (City), Florida 33324 (Zip Code)

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DIVISION OF CORPORATIONS

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

C T 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)

(FLA. LP 2819 – 2/1/92)

This 2nd day of AUGUST, 1995.

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

By: METRO IRB, INC.
as General Partner

By: _____
Michael S. Ryan, President

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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, 1995, 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.

_____
Notary Public
State of New Jersey at Large
(SEAL) My Commission Expires:

JAMES L. NEWARD
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, President

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DIVISION OF CORPORATIONS
95 AUG -3 PM 2:33

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

_____
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

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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS
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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

Consolidated Apartment Ventures, L.P. Limited Partnership

000001567640
-08/23/95--01066--016
*****35.00 *****35.00

( ) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
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( ) Mail Out
( ) Call If Problem
( ) Will Wait
( ) After 4:30
(X) Pick Up

8/21/95

Name Availability BK
Document Examiner
Updater
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W.P. Verifier

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8-21-95

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FILING 52.50
R. AGENT FEE
S. COPY
TOTAL 52.50
R. 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:

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

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,

- [x] 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: _____

A Notary Public of New Jersey
My Commission Expires March 17, 1999

(FLA. - LP 2933 - 4/24/95)

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

FILED
96 APR -5 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

CONSOLIDATED APARTMENT VENTURES, L.P. LIMITED PARTNERSHIP

1a. DOCUMENT # **B95000000283**

2. New Mailing Address, if Applicable

Suite, Apt. # etc

City, State & Zip

000001779370
-04/15/96--01047--007
****191.25 ****191.25

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc

City, State & Zip

Mailing Address	Principal Office Address
520 BROAD STREET	520 BROAD STREET
NEWARK NJ 07102	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	3a. Date of Last Report	4. State or Country of Formation
08/03/1995		DE

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$100.00		22-3412083	Applied For / Not Applicable	[redacted] ☐

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
C T 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 Acceptance 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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PELICAN APARTMENT PROPERTIES	520 BROAD STREET	NEWARK NJ 07102	F95000004015

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

CR2E003 (11/95)

0002732