

B9500000481

Man S  
TALLAHASSEE, FL  
904 222-0971  
904 222-0991



ACCOUNT NO. : 072100000032  
REFERENCE : 782609 4656E  
AUTHORIZATION : *Patricia Pujat*  
COST LIMIT : \$ 96.25

ORDER DATE : December 26, 1995  
ORDER TIME : 11:46 AM  
ORDER NO. : 782609  
CUSTOMER NO: 4656E  
CUSTOMER: Ms. Saleesa Pope  
Greenberg Traurig Hoffman  
Suite 875  
111 N. Orange Avenue  
Orlando, FL 32801

80000171318

FILED  
95 DEC 27 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FOREIGN FILINGS

B9500000481

NAME: WESMERE ASSOCIATES LIMITED PARTNERSHIP

RECEIVED  
95 DEC 28 PM 3:08  
DIVISION OF CORPORATIONS

<input checked="" type="checkbox"/>	PROFIT
<input type="checkbox"/>	NON-PROFIT
Name: <i>12/27/95 dec</i>	
<input checked="" type="checkbox"/>	QUALIFICATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
<input checked="" type="checkbox"/>	CERTIFIED COPY
<input type="checkbox"/>	PLAIN STAMPED COPY
<input checked="" type="checkbox"/>	CERTIFICATE OF GOOD STANDING
W. P. Verifier: DUC	

CORPORATE  
 LIMITED PARTNERSHIP

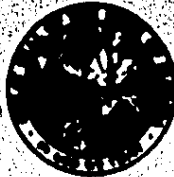
*CWS*

FF - \$52.50  
RA - \$35.00  
CWS - 8.75

*72  
899.00*

CONTACT PERSON: Carina L. Dunlap

W95000024963



resubmit

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State

December 27, 1995

- Please give this file date

CARINA L. DUNLAP  
CSC  
TALLAHASSEE, FL 32301

**SUBJECT: WESTMERE ASSOCIATES LIMITED PARTNERSHIP**  
Ref. Number: W95000024963

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The registered agent must sign accepting the designation.

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 (904) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 995A00055369

RECEIVED  
95 DEC 28 PM 3:11  
DIVISION OF CORPORATIONS

12/21/95 17:48

CBC/PALM'S 204 222 8383

B9500000481

Florida Department of State, Jim Smith, Secretary of State

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

FILED  
95 DEC 27 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. WESHERE ASSOCIATES LIMITED PARTNERSHIP  
(Name of limited partnership as it is in the home state)

2. WESHERE ASSOCIATES LIMITED PARTNERSHIP  
(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. MICHIGAN 4. 11/13/95  
(State of Formation) (Date of Formation)

5. CORPORATION SERVICE COMPANY  
(Name of Registered Agent for Service of Process)

6. 1201 Rays Street  
(Street Address of Registered Office)

Tallahassee Florida 32301-2607  
(City) (Zip Code)

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

Amy R. Perry, as agent for Corporation Service Company.  
(Agent must sign on this line)

8. One Heritage Place, Suite 400, Southgate, MI 48195  
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
HERITAGE DEVELOPMENT SOUTH, INC. a Florida corporation	One Heritage Place, Suite 400 Southgate, MI 48195

P94000014890

10. One Heritage Place, Suite 400, Southgate, MI 48195  
(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. One Heritage Place, Suite 400, Southgate, MI 48195  
(Mailing Address of Limited Partnership)

This 22nd day of December, 1995

HERITAGE DEVELOPMENT SOUTH, INC., a Florida corporation

By: [Signature]  
David L. Treadwell, President

STATE OF MICHIGAN  
COUNTY OF \_\_\_\_\_

THE FOREGOING instrument was acknowledged and sworn to before me this 22nd day of December, 1995, by David L. Treadwell, (Name of General Partner) of \_\_\_\_\_

MESMERE ASSOCIATES LIMITED PARTNERSHIP  
(Name of Limited Partnership), A MICHIGAN (State or Country) Limited Partnership, on behalf of the Limited Partnership.

[Signature]  
Notary Public

State of Michigan, at Large

My Commission Expires:  
ROSE SCLAFANI

Notary Public, Wayne County, MI  
My Commission Expires April 28, 1996

(SEAL)

\*as President of Heritage Development South, Inc., a Florida corporation,  
the general partner

95 DEC 27 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared David L. Treadwell, the President of Heritage Development South, Inc., a Florida corporation, the general partner of Wezners Associates Limited Partnership, a Michigan limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$0.00.

Dated this 22nd day of December, 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.

General Partner:

Heritage Development South, Inc., a Florida corporation

By: *[Signature]*  
David L. Treadwell, President

STATE OF MICHIGAN  
COUNTY OF LAWANNE  
Date: December 22, 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 David L. Treadwell, the President of Heritage Development South, Inc., a Florida corporation, the general partner of Wezners Associates Limited Partnership, a Michigan limited partnership, 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 President of the 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 22nd day of December, 1995.

*Rose Sclafani*  
Notary Public  
ROSE SCLAFANI  
Notary Public, Wayne County, MI  
My Commission Expires April 28, 1996  
Print Name  
State of Michigan at Large  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(Notary Seal)

FILED  
95 DEC 27 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

**FILED**

96 JAN 25 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**1a. DOCUMENT #**  
B95000000481

WESMERE ASSOCIATES LIMITED PARTNERSHIP

Mailing Address Principal Office Address  
One Heritage Place Suite 400  
Southgate, MI 48195 Same

2. New Mailing Address, If Applicable  
Suite Apt #, etc ~~900001699769~~  
~~01/29/96--01012--004~~  
City, State & Zip \*\*\*\*191.25 \*\*\*\*191.25

2a. New Principal Office Address, If Applicable  
Suite Apt #, etc

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 12/27/95  
3a. Date of Last Report N/A  
4. State or Country of Formation Michigan

City, State & Zip

5a. Capital Contributions as Shown on Record \$00.00  
5b. Amount of Capital Contributions in FLORIDA to date \$0.00  
6. FEI Number 38-3269213

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.

*Handwritten initials and number 1-26*

9. Name and Address of Current Registered Agent  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2607

10. If changed, new Registered Agent/Office  
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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Heritage Development South, Inc.	One Heritage Place Suite 400	Southgate, MI 48195	P94000014890

**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 *David L. Treadwell*  
David L. Treadwell, President  
Typed or Printed Name of General Partner Signing Form

DATE 1/16/96  
Telephone Number (813) 246-0202

CR2E003 (6/95)

# B95000000481

2/05/97 CORPORATE DETAIL RECORD SCREEN 9:14 AM  
 NUM: B95000000481 ST:MI ACTIVE/FOREIGN LP FLD: 12/27/1995  
 ACT CONT: 0.00 FEI#: 38-3269213  
 NAME : WESMERE ASSOCIATES LIMITED PARTNERSHIP  
 PRINCIPAL: ONE HERITAGE PLACE  
 ADDRESS SUITE 400  
 SOUTHGATE, MI 48195  
 RA NAME : CORPORATION SERVICE COMPANY  
 RA ADDR : 1201 HAYS ST.  
 TALLAHASSEE, FL 32301-2607 US  
 ANN REP :

(1996) I 01/25/96

500002098735--5  
 -02/26/97--01083--008  
 \*\*\*\*576.25 \*\*\*\*35.00

500002098735--5  
 -02/26/97--01083--009  
 \*\*\*1715.00 \*\*\*1715.00

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

FILED  
 97 FEB 25 PM 3:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Name	
Responsibility	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Knowledge	DCC
P. Verifier	DCC

*increasing to  
 \$1,500,000.00*

C. TAX \_\_\_\_\_  
 FILING 1,750.00  
 R. AGENT FEE \_\_\_\_\_  
 C. OFF \_\_\_\_\_  
 TOL \_\_\_\_\_  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR A FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of Wesmere Associates L.P.  
\_\_\_\_\_ a(an) Michigan

Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,  
Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the  
purpose of transacting business in Florida is: \$ 1500.000.

This 29<sup>th</sup> day of January, 19 97

FILED  
97 FEB 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

General Partner(s)

HERITAGE DEVELOPMENT SOUTH  
[Signature], TREASURER

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)