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12 Berkeley Square  
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W99-29239

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December 14, 1999

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-12/16/99-01065-006  
\*\*\*1785.00 \*\*\*1785.00

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P.M.P. ASSOCIATES, LIMITED PARTNERSHIP

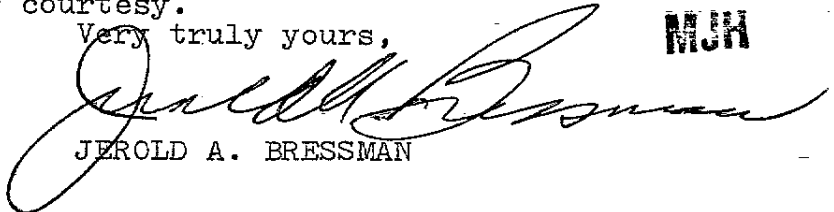
Dear Madam or Sir:

Please find enclosed the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced Limited Partnership.

I am also enclosing my check number 13856 in the amount of \$1,785.00 representing payment of both the maximum filing fee and the fee of \$35.00 for the Registered Agent designation. I am enclosing an additional copy of these documents and I request that you return filed copies of same to me. I am also enclosing a self addressed stamped envelope for your convenience in returning same.

Thank you for your courtesy.

Very truly yours,

  
JEROLD A. BRESSMAN

MJB

JAB/msb

Encls.

00789-00611-00671

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -6 PM 3:25



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 23, 1999

JEROLD A. BRESSMAN  
12 BERKELEY SQUARE  
BERKELEY HEIGHTS, NJ 07922

SUBJECT: P.M.P. ASSOCIATES, LIMITED PARTNERSHIP  
Ref. Number: W99000029239

We have received your document for P.M.P. ASSOCIATES, LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

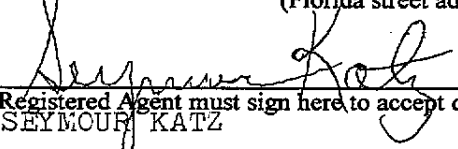
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 599A00060024

**CERTIFICATE OF LIMITED PARTNERSHIP**

- 1. P.M.P. ASSOCIATES, LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. 7895 L'Aquila Way, Delray Beach, FL 33446  
( Business address of Limited Partnership)
- 3. Seymour Katz  
(Name of Registered Agent for Service of Process)
- 4. 7895 L' Aquila Way, Delray Beach, FL 33446  
(Florida street address for Registered Agent)
- 5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)  
SEYMOUR KATZ
- 6. 7895 L'Aquila Way, Delray Beach, FL 33446  
( Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2029

8. Name(s) of general partner(s): Street address:

Seymour Katz 7895 L'Aquila Way, Delray Beach, FL

Rosalee Katz 7895 L'Aquila Way, Delray Beach, FL

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

Signed this 14th day of December, 19 99.

Signature of all general partners:

  
General Partner  
SEYMOUR KATZ

General Partner

General Partner

  
General Partner  
ROSALEE KATZ

General Partner

General Partner

00 JAN 15 PM 3:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of* P.M.P. ASSOCIATES,  
LIMITED PARTNERSHIP

*a Florida Limited Partnership, certify:*

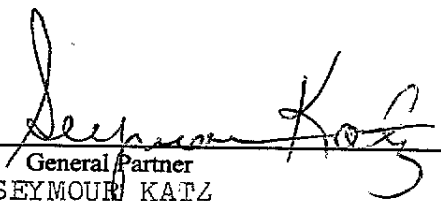
The amount of capital contributions to date of the limited partners is \$ 2,000,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 2,000,000.00

Signed this 14th day of December, 19 99

FURTHER AFFIANT SAYETH NOT.

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

  
\_\_\_\_\_  
General Partner  
SEYMOUR KATZ

  
\_\_\_\_\_  
General Partner  
ROSALEE KATZ

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner