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ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.

ATTORNEYS AT LAW

ONE UNIVERSITY PARK, SUITE 600
12800 UNIVERSITY DRIVE
P.O. BOX 60259 (ZIP 33906)
FT. MYERS, FLORIDA 33907
TELEPHONE: (941) 489-1776
FACSIMILE: (941) 489-2444

ONE TAMPA CITY CENTER
SUITE 2100
201 N. FRANKLIN STREET
P.O. BOX 3433 (ZIP 33601)
TAMPA, FLORIDA 33602
TELEPHONE: (813) 229-3321
FACSIMILE: (813) 223-9067

PELICAN BAY FINANCIAL CENTER
SUITE 600
8889 PELICAN BAY BOULEVARD
NAPLES, FLORIDA 34108
TELEPHONE: (941) 597-7088
FACSIMILE: (941) 597-6984

201 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE, FLORIDA 32301
TELEPHONE: (850) 224-7668
FACSIMILE: (850) 224-7290

PLEASE REPLY TO:
TAMPA
(813) 229-3321
MANNI@annislaw.com

AVAILABLE FOR CONSULTATION
KARGEL, VOLLHARDT & PARTNER
KURFÜRSTENDAMM 36
D-10719 BERLIN, GERMANY
011-49-30-385-7710
FAX: 011-49-30-8811-1308

February 10, 2000

Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Cimafranca Family, Ltd.
Our File No: 1166-002-13A

200003134442--5
-02/14/00--01090--005
***1793.75 ***1793.75

Dear Sir:

Enclosed are an original and one copy of the Certificate of Limited Partnership, Affidavit of Capital Contributions and Acceptance by Registered Agent for the above-captioned partnership, along with the client's check in the amount of \$1,793.75 to cover the cost of filing, registered agent and Certificate of Status fees.

Please file the original Certificate of Limited Partnership and Affidavit. We would appreciate your placing the "Date Filed Stamp" on the copy of each document and return them along with the Certificate of Status to the attention of the undersigned by mail.

Your assistance is appreciated. If you have any questions, please do not hesitate to call.

Sincerely,

Michael D. Annis
Michael D. Annis

Name	2/16/00
Availability	dec
Document Examiner	DCC
MDA.ak	
Updater	DCC
Enclosures	
Updater	DCC
Verifier	1166-002-704810
Acknowledgement	DCC
W. P. Verifier	DCC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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TC
\$1,100,000.00

ASSOCIATE MEMBER, EUROPEAN LAW FIRM, WITH OFFICES IN BRUSSELS AND PRINCIPAL EUROPEAN CITIES

3 pages

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
CIMA FRANCA INVESTMENTS, LTD.**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be **CIMA FRANCA INVESTMENTS, LTD.**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106 shall be located at **121 Hickory Creek Boulevard, Brandon, Florida 33511**, and the name of the Partnership's agent for service of process at said address is **JUDITH A. CIMA FRANCA**.

3. **Name and Business Addresses of the General Partner.**

Name

Address

Judith A. Cimafranca

121 Hickory Creek Boulevard
Brandon, Florida 33511

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be **121 Hickory Creek Boulevard, Brandon, Florida 33511**.

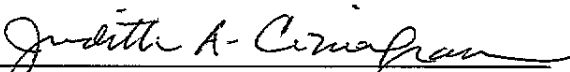
5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the **CIMA FRANCA INVESTMENTS, LTD.**

DATED this 27th day of January, 2000.

GENERAL PARTNER:


JUDITH A. CIMA FRANCA

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


JUDITH A. CIMA FRANCA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, **JUDITH A. CIMA FRANCA**, the General Partner of **CIMA FRANCA INVESTMENTS, LTD.**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$1,100,000.00 of capital to the Partnership.

2. It is anticipated that \$ none of additional contributions may be contributed by the limited partners in the future.

Dated this 27 day of Jan., 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declare that they have read the foregoing and that the facts alleged are true, to the best of their knowledge and belief.

GENERAL PARTNER:

Judith A. Cimafranca
JUDITH A. CIMA FRANCA

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 27th day of January, 2000, JUDITH A. CIMA FRANCA, who is personally known to me or who has produced _____ as identification.

Cheryl L. Rickard
NOTARY PUBLIC
Name: _____
Serial No. _____
My Commission expires: _____

