Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name Account Number : 073707002173

: KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.

Phone : (954) 966-2112

Fax Number

: (954)981-1605

FLORIDA LIMITED PARTNERSHIP

NGZ MANAGEMENT, LTD.

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1/7/2003

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

- 1. The name of the Limited Partnership is NGZ Management, Ltd.
- 2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Mitchell F. Green KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A. 4000 Hollywood Blvd., Suite 485 South Hollywood, Florida 33021

3. The name and business address of the General Partner is:

NGZ General Partners, Inc. 21110 Bîscayne Blvd., Suite 303 Aventura, FL 33180

4. The mailing address and street address for the Limited Partnership is :

21110 Biscayne Blvd., Suite 303 Aventura, FL 33180

The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

Richard Goodman, M.D., President,

NGZ General Partners, Inc., General Partner

took an oath.

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STATE OF FLORIDA

COUNTY OF BROWARD }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Richard Goodman, M.D., President of NGZ General Partner, Inc., the General Partner of NGZ Management, Ltd., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me or produced _______ as identification and he

WITNESS my hand and official seal in the County and State last aforesaid this 64 day of January, 2003.

NOTARY PUBLIC

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(seal)



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K:MFG\NGZ\NGZ MANAGEMENT\Certificate of Limited Partnership.wpd

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LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA

COUNTY OF MIAMI - DADE

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

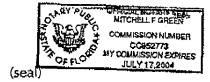
- 1. The undersigned is the sole General Partner of NGZ Management, Ltd.
- 2. The amount of the original capital contributions of the Limited Partners is \$990.00. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

	Richard Goodman, M.D., President, NGZ General Partners, Inc., General Partners	03 JAN -	<u> </u>
STATE OF FLORIDA COUNTY OF MIAMI - DADE	OF STATE EE, FLORIDA	7 PH 4:30	ĒD

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Richard Goodman, M.D., President of NGZ General Partners, Inc., the General Partner of NGZ Management, Ltd., to me known to be the persons described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me or who did produce ________ as identification and he did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this day of January, 2003.



NOTARY PUBLIC

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ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

NGZ MANAGEMENT, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: January 6 2003.

REGISTERED AGENT:

Mitchell F. Green

JAN -7 PN 4:
RETARY OF STATI

 $K: MFG \setminus NGZ \setminus MANAGEMENT \setminus Acknowledgment of Appointment of Registered Agent, wpd$