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To:

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From:

, CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450000714 ; (850)222-1173 Phone Pax Number : (850)224-1540

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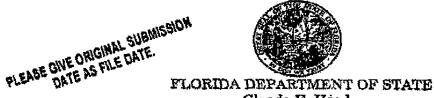
FLORIDA LIMITED PARTNERSHIP

SCHECHTER FAMILY INVESTMENTS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$1,837.50

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Department of State 8/18/2003 9:08 PAGE 1/1 RightFAX



Glenda E. Hood Secretary of State

June 16, 2003

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: SCHECETER FAMILY INVESTMENTS, LTD.

REF: W03000017140

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

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) 245-6020.

Tammi Cline Document Specialist FAX Aud. #: H03000213996 Letter Number: 903A00037044

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DATE AS FILE DATE.

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H03000213996

AFFIDAVIT AND CERTIFICATE LIMITED PARTNERSHIP SCHECHTER FAMILY INVESTMENTS, LTD.

WE, RICHARD SCHECHTER and EILEEN SCHECHTER, as Co-Managers of SCHECHTER FAMILY INVESTMENTS, LLC, a Florida limited liability company, the undersigned General Partner of SCHECHTER FAMILY INVESTMENTS, LTD., a Florida limited partnership, do hereby enter into this Certificate of Limited Partnership, under and pursuant to Chapter 620 of the Florida Statutes, and being duly swom, do hereby certify, state and declare as follows:

ARTICLE I

The name of the limited partnership, which is hereafter referred to as the "Limited." Ship," shall be SCHECHTER FAMILY INVESTMENTS, LTD.

ARTICLE II Partnership," shall be SCHECHTER FAMILY INVESTMENTS, LTD.

ARTICLE II

The principal place of business and the mailing address of the Limited Partnership in Florida shall be 21211 N.E. 38th Avenue, Avenue, Florida 33180.

ARTICLE III

The street address of the initial registered office of the Limited Partnership is 201 S. Biscayne Boulevard, Suite 3000, Miami, Florida 33131, and the initial registered agent of the Limited Partnership at that address is B & C Corporate Services, Inc.

D24

ARTICLE IV

The name, business address and mailing address of the General Partner of the Limited Partnership are as follows:

Name

Business and Mailing Address

Schechter Family Investments, LLC 103000x122

21211 N.E. 38th Avenue Aventura, Florida 33180

ARTICLE V

The Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Florida Department of State. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2070, unless extended in writing as provided in the Partnership Agreement or by Florida law.

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

Signed this 11th day of Time

GENERAL PARTNER:

SCHECHTER FAMILY INVESTMENTS. LLC, a Florida limited liability company

STATE OF FLORIDA)) \$\$:				
COUNTY OF MIAMI-DADE	5		_		
The foregoing instrument 2003			te this Little di	ay of	
SCHECHTER FAMILY INVESTMI Partner of SCHECHTER FAMILY	INVESTMEN	IIS, LTD., a Flori	ida limited partnersh	tip, on	
behalf of the limited liability compa	my. Ho is est		wir to the ot use but	Micea	
	The second secon	Signature of Notas Print Name:	Fail la	7 msc	
		State of Florida My Commission 1	Expîres:	5 7	
				O3 J	
STATE OF FLORIDA COUNTY OF MIAMI-DADE)) ss:)	WY COM EXPIRE Free In	M. PARTY FUNCH MISSISSI & 20 045457 S. Hovember 18, 2008 Steamy P. B. Hovember	JUN 13 AM II: 4	FILED
. The foregoing instrument	was acknow	viedged before n	ie this // d	ay of	ı
	003 by EIL	BEN SCHECHTE	R, as a Co-Manag		
SCHECHTER FAMILY INVESTM Parmer of SCHECHTER FAMILY behalf of the limited liability comp	INVESTMEN	VIS, LTD., a Flor	ida limited partnersh	iip, on	
	as identif	ication.	*	0	
		Signature of Notal Print Name: State of Florida	Maril-	Hamon	
		My Commission	Expires:		

H03000213996

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

I hereby accept the appointment as registered agent contained in the foregoing Certificate of Limited Partnership of SCHECHTER FAMILY INVESTMENTS, LTD, and state that I am familiar with and accept the obligations of Section 620.105 of the Florida Revised Uniform Limited Partnership Act.

B & C CORPORATE SERVICES, INC., a Florida corporation

By: June 10 He s Co

MARCHIATER/78303.1

03 JUN 13 AMII: 44 SECREJARY OF STATE

H03000213996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR SCHECHTER FAMILY INVESTMENTS, LTD.

BEFORE ME the undersigned, personally appeared RICHARD SCHECHTER and EULEEN SCHECHTER, as Co-Managers of SCHECHTER FAMILY INVESTMENTS, LLC, a Florida limited liability company, the General Partner of SCHECHTER FAMILY INVESTMENTS, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being duly sworn, did certify as follows:

The total amount contributed and anticipated to be contributed by the partners is \$4,000,000.00.

FURTHER AFFLANT SAYETH NAUGHT.

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

Dated this 1 day of Juno 2003

GENERAL PARTNER:

SCHECHTER FAMILY INVESTMENTS, LLC, a Florida limited liability company

By:

ICHARD SCHECHTER, Co-Manager

ву: ______

ELEEN SCHECHTER. Co-Manager

STATE OF FLORIDA)			
COUNTY OF MIAMI-DADE) SS:)			
SCHECHTER FAMILY INVESTMI Partner of SCHECHTER FAMILY	was acknowledged before me this 11 day of 003 by RICHARD SCHECHTER, as a Co-Manager of ENTS, LLC, a Florida limited liability company, the General INVESTMENTS, LTD., a Florida limited partnership, on my. He is either personally known to me or has produced as identification.			
· -	Signature of Notary Public Print Name: State of Florida			
	My Commission Expires:			
STATE OF FLORIDA	HOSE M. PARESHAMAN. WY COMMISSION I DO GALAT WY COMMISSION I DO GALAT WY COMMISSION I DO GALAT WHY COMMISSION I DO GALAT W			
COUNTY OF MIAMI-DADE				
COUNTY OF MIAMI-DADE The foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the foregoing instrument was acknowledged before me this day of a schedule of the schedule of the foregoing instrument was acknowledged before me this day of a schedule of the schedule of				
, , , , , , , , , , , , , , , , , , ,	Love M. Sant-Rame Signature of Notary Public			
Print Name: State of Florida				
	My Commission Expires:			

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