

A04000000938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

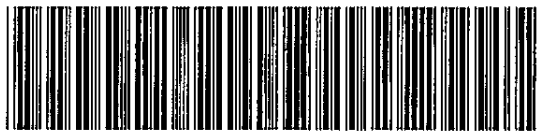
(Business Entity Name)

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2004 JUN 10 PM 2:36  
TALLAHASSEE, FLORIDA

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STATE DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 10 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 735892 4133D

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 1846.25

ORDER DATE : June 10, 2004

ORDER TIME : 11:04 AM

ORDER NO. : 735892-015

CUSTOMER NO: 4133D

CUSTOMER: Louise J. Allen  
Stearns Weaver Miller  
Weissler Alhadeff & Sitterson,  
Suite 1900  
200 East Broward Boulevard  
Ft. Lauderdale, FL 33301

*Patricia Pizutto*

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FALLAHSSEE, FLORIDA

DOMESTIC FILING

NAME: INTELLIFLEX-DANIELS PARKWAY,  
LTD.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**INTELLIFLEX - DANIELS PARKWAY, LTD.**

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TALLAHASSEE, FLORIDA

Pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act, the undersigned, being the sole General Partner of INTELLIFLEX - DANIELS PARKWAY, LTD., a Florida limited partnership (the "Partnership"), does hereby execute and submit for filing with the Department of State, State of Florida, this Certificate of Limited Partnership, to read as follows:

1. The name of the Limited Partnership is:  
  
INTELLIFLEX - DANIELS PARKWAY, LTD.
  
2. The office and principal place of business for the Partnership currently is:  
  
6530 West Rogers Circle  
Suite 31  
Boca Raton, Florida 33487  
Attention: Sean M. Leder
  
3. The name and address of the agent for service of process on the Partnership is:  
  
Sean M. Leder  
6530 West Rogers Circle  
Suite 31  
Boca Raton, Florida 33487
  
4. The name and address of the General Partner of the Partnership are:  
*#L04000043758*  
EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC  
6530 West Rogers Circle  
Suite 31  
Boca Raton, Florida 33487  
Attention: Sean M. Leder
  
5. The mailing address of the Partnership is:  
  
6530 West Rogers Circle  
Suite 31  
Boca Raton, Florida 33487  
Attention: Sean M. Leder

6. The latest date upon which the Partnership shall dissolve is December 31, 2054.

IN WITNESS WHEREOF, the undersigned General Partner has signed this Certificate of Limited Partnership pursuant to the provisions of Section 620.114 of the Florida Revised Uniform Limited Partnership Act.

DATED: June 9, 2004

EBE INTELLIFLEX-DANIELS PARKWAY GP, LLC,  
a Florida limited liability company

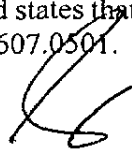
By: 

\_\_\_\_\_  
Name: Sean M. Leder  
Title: President

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Sean M. Leder hereby accepts his appointment as registered agent for INTELLIFLEX - DANIELS PARKWAY, LTD., a Florida limited partnership, and states that he is familiar with and accepts the obligations provided for in Florida Statutes Section 607.0501.

DATED: June 9, 2004

  
\_\_\_\_\_  
Sean M. Leder, Registered Agent

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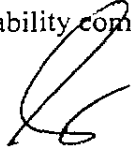
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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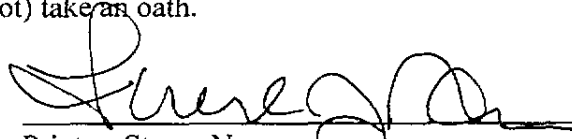
STATE OF FLORIDA        )  
                                  ) SS:  
COUNTY OF BROWARD    )

1. The aggregate capital contributions made by the Limited Partners of the Partnership to the Partnership is \$1,000.00.
2. It is anticipated that the Limited Partners will make additional contributions to the capital of the Partnership in the amount of \$7,992,000.

EBE INTELLIFLEX-DANIELS PARKWAY GP, LLC,  
a Florida limited liability company

By:   
Name: Sean M. Leder, President

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of June, 2004 by Sean M. Leder, as President of EBE Intelliflex - Daniels Parkway GP, LLC, a Florida limited liability company, General Partner of Intelliflex - Daniels Parkway, Ltd., a Florida limited partnership (the "Partnership"), who is personally known to me or who has produced a driver's license as identification and who did (did not) take an oath.

  
Print or Stamp Name: \_\_\_\_\_  
Notary Public, State of Florida at Large  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

