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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

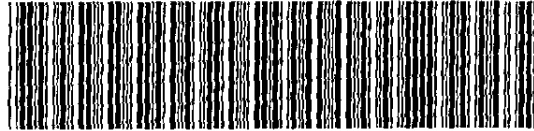
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Brumley MAY 11 2005

LAW OFFICES OF JEFFREY B. KAHN, P.A.
WWW.KAHNTAXATTORNEY.COM

JEFFREY B. KAHN, LL.M.(TAX)
BOARD CERTIFIED TAX LAW
E-MAIL: JKAHN@ATTORNEY-CPA.COM

CORAL SPRINGS OFFICE:
3300 UNIVERSITY DRIVE, SUITE 711
CORAL SPRINGS, FLORIDA 33065
TELEPHONE: 954-757-6100 FACSIMILE: 954-757-6110

BOYNTON BEACH OFFICE:
2500 QUANTUM LAKES DRIVE, SUITE 203
BOYNTON BEACH, FLORIDA 33426
TELEPHONE: 561-853-2103 FACSIMILE: 561-853-2199

REPLY TO: CORAL SPRINGS

April 26, 2005

VIA FEDERAL EXPRESS
8489 1939 5340

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Innvest Family Holdings, LLLP

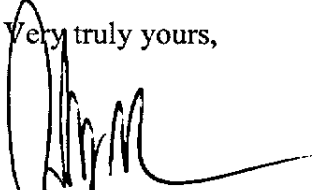
Dear Sir/Madam:

I am enclosing the Certificate of Limited Partnership and Statement For Qualification Of Florida Limited Liability Limited Partnership for the above referenced limited liability limited partnership to be filed with the Department of State.

Also enclosed is a check made payable to the Secretary of State in the amount of \$217.50 covering the filing fees for the Certificate and Statement above and the cost of certified copies of the same.

Please return the certified copies and proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jeffrey B. Kahn

Encl.

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS
OF
INNVEST FAMILY HOLDINGS, LTD.**

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act hereby states the following as the **CERTIFICATE OF LIMITED PARTNERSHIP** and **AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS**.

1. The name of the Limited Partnership is:

INNVEST FAMILY HOLDINGS, LTD.

2. The office of the Limited Partnership is located at:

2448 Nassau Lane
Fort Lauderdale, FL 33312

3. The name and address of the agent for service of process required to be maintained by F.S. § 620.105 are:

Jeffrey B. Kahn, Esq.
3300 University Drive, Suite 711
Coral Springs, FL 33065

4. The name and address of the General Partner are:

Mitchell A. Tunkel
2448 Nassau Lane
Fort Lauderdale, FL 33312

5. The mailing address for the Limited Partnership is:

2448 Nassau Lane
Fort Lauderdale, FL 33312

6. The term of the Limited Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until January 31, 2005, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

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TALLAHASSEE, FLORIDA

7. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of its original capital contribution.

8. In accordance with F.S. § 620.108, the undersigned hereby certifies and declares, under the penalties of perjury, that the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is \$100.00.

[signature on following page]

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contributions as of this 1st day of February, 2005.

GENERAL PARTNER

Mitchell A. Tunkel
Mitchell A. Tunkel

STATE OF FLORIDA)
) SS:
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, the foregoing instrument was acknowledged before me by Mitchell A. Tunkel who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 1st day of February, 2005.

[Signature]
Notary Public

(SEAL)



Jeffrey B. Kahn
Commission #DD281631
Expires: Feb 13, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

Print name of Notary
State of Florida
My Commission Expires: _____

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TALLAHASSEE, FLORIDA

ACCEPTANCE AS RESIDENT AGENT

I HEREBY CERTIFY that I am Jeffrey B. Kahn, Esq. and I hereby accept the foregoing designation of Resident Agent.



Jeffrey B. Kahn, Esq.

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TALLAHASSEE, FLORIDA