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SECRETARY OF STATE
TALLAHASSEF, ET OBIE



September 29, 2006

ALVIN R PRICE 7749 NORMANDY CROSSING JACKSONVILLE, FL 32221

SUBJECT: PARTY WORLD LP Ref. Number: W06000042953

We have received your document for PARTY WORLD LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6851.

Gina McLeod Document Specialist

Letter Number: 606A00058126

COVER LETTER

TO:	Registration Section	
	Division of Corporation	

SUBJECT: Party World

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

ALVIN R PRICE		
Party Worked		
7749 NORM2 ndy CROSSING	Suite 11	'5
Jacksonu, //e F/ 3222/		
(City, State and Zip Code)		

For further information concerning this matter, please call:

William Isaac at (904) 781 53 53 (Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status

\$1,052.50 Filing Fees and Certified Copy

\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. Party World LP of Jackson, 11/e

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 7749 Mormandy Crossing Saite (Street address of initial designated office) Jacksonville Fl- 32221	115
3. William ISDac (Name of Registered Agent for Service of Process)	
4. 4/627 Jose / 12 e St (Florida street address for Registered Agent)	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	m O
Willie Laac Signature of Registered Agent	
6. 7749 Mormandy Crossing Suite (Mailing address of initial designated office) Jackson VIIIe F/ 32221	113

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each g Name: Rluin R Price	Business Address:
MINIM H TRICE	2749 Mormandy CROSSINS Suite 115 Jacksonville F/3222
William Isaac	7749 MORMandy CROSSINS
	Suite 115 Jacksonville F/ 3221
	·
· · · · · · · · · · · · · · · · · · ·	
9. Effective date, if other than the date of filing	·
filed by the Florida Department of State	ore than 90 days after the date the document is
Signed this 25-th day of	September 2006
Signature of each general partner:	
Den Bin	

Page 2 of 2