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SECRETARY OF STATE

J. BRYAN

NOV 1 3 2008

EXAMINER

COVER LETTER

TO: Registration Section

CR2E030 (01/06)

Division of Corporations

SUBJECT: KTKM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(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:

Ann J. Zabielinski	0
(Contact Person)	
Jonathan H. Green & Associates,	P.A. 2
(Firm/Company)	
799 Brickell Plaza, Suite 700	
(Address)	
Miami, Florida 33131	
(City, State and Zip Code)	***************************************
For further information concerning this matter,	•
Rachel L. Tolley at	(305) 372-5100 Ext. 203
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees \$1,008.75 Filing Fees and \$35 Registered Agent Status \$2,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of an Status	\$1,052.50 Filing Fees d Certified Copy 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

CERTIFICATE OF LIMITED PARTNERSHIP

OF THE

KTKM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

- (a) Name. The name of the subject limited partnership is the KTKM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- (b) Recordkeeping Office. The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

5601 Oakmont Avenue Hollywood, Florida 33312

<u>Registered Agent; Registered Office</u>. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

(c) <u>General Partner</u>. The names and business address of the General Partner(s) are:

LANNY H. GELFAND, Trustee SONDRA S. GELFAND, Trustee

(d) Mailing Address. The mailing address of the Partnership is:

5601 Oakmont Avenue Hollywood, Florida 33312

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2058.



(f) <u>Election</u>. If limited partnership elects to be a limited liability limited partnership, check box **\Delta**.

IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 30th day of octobe A, 2008.

WITNESSES:

Print name: ANN J. ZABIELINIKI

LANNY H GELFAND, trustee, his successor(s) as trustee(s) of the Lanny H. Gelfand Revocable Living Trust, One (1%) Percent General Partner

Print name: Rack Tolly

Print name: ANN J. ZABIELINK

SONDRA S. GELFAND, trustee, her successor(s) as trustee(s) of the Sondra S. Gelfand Revocable Living Trust, One (1%)

Percent General Partner

Print name: Rock Tolly

SECRETARY OF SINE COMPORATION

OR NOT 12 PH 2: 26

CONSENT TO SERVE AS REGISTERED AGENT

FOR THE

KTKM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the KTKM FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: <u>CTOBER</u> 30 , 2008.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Norida Corporation

JONATHAN H. GREEN

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