Law Offices
Austin A. Frye
2627 N.E. 203rd Street
Suite 115
North Miami Beach, Florida 33180

A95000000398

March 6, 1995

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

200001425592
-03/09/95--01088--006
***1785.00 ***1785.00

RE: THE KAPLAN FAMILY LIMITED PARTNERSHIP

Dear Gentlemen:

Enclosed herewith is one original copy of the Certificate of Limited Partnership and the Affidavit of Capital Contribution for the above captioned proposed Florida Limited Partnership.

Also enclosed are two checks representing payment of the following:

Filing Fee	$ 1,750.00
Resident Agent Designations Fee	$ 35.00
Certified Copy Fee	$ 52.50
Certificate of Status Fee	$ 8.75

Please file the enclosed Certificate of Limited Partnership and return a Certified Copy of the same and the Certificate of Status to me as soon as possible.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Austin A. Frye, Esq.

AAF/ink

Enclosures

cc: Linda J. Kaplan, M.D.

kaplan.ltr

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A95000000398

TC
$551,500.00

(305) 931-3200 • Toll Free 1 (800) 535-0187 • Telefax (305) 931-9383

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE KAPLAN FAMILY LIMITED PARTNERSHIP

The parties hereto do hereby certify that an Agreement was made effective the 3rd, of February, 1995, at North Miami Beach, Florida, by the following, herein called "General Partner":

L.J. Kaplan, Inc.

and by the following, hereinafter referred to as "Limited Partners":

Richard J. Kaplan, Trustee of the L.K.B.C. Irrevocable Trust

Linda J. Kaplan

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The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act.

1. **Name.** The name of the Limited Partnership is THE KAPLAN FAMILY LIMITED PARTNERSHIP.

2. **Principal Place of Business.** The location of the principal place of business of the Limited Partnership is 1200 Washington Street, Hollywood, Florida 33019. This is also the mailing address.

3. **Registered Agent.** The registered agent for service of process for this Limited Partnership is Richard J. Kaplan, Esquire whose address is 1999 University Drive, Suite 402, Coral Springs, Florida 33071.

4. **The General Partners.** The General Partner of the Limited Partnership is:

General Partner	Business Address
L.J. Kaplan, Inc. P94000093256	1200 Washington Street Hollywood, Florida 33019

5. **Term.** The Limited Partnership shall begin on the date this certificate is filed with the Florida Department of State and shall continue for a period of (40) forty years thereafter unless sooner dissolved by law or by agreement of the parties hereto.

GENERAL PARTNER:
L.J. Kaplan, Inc.,
a Florida Corporation

By: _____
Linda J. Kaplan, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C:\JAMES\SAVES\CORP\KAPLAN.CRT

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

AFFIDAVIT

BEFORE ME, the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared Linda J. Kaplan, who after being duly sworn, deposes and states:

1. Affiant is the Limited Partner of the KAPLAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership.

2. The amount of the capital contribution to the Limited Partnership of the Limited Partners is as follows:

LINDA J. KAPLAN	$ 531,500

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3. The amount of capital contribution anticipated to be contributed to the the Limited Partnership by the Limited Partners is as follows:

LINDA J. KAPLAN	$ 20,000

FURTHER AFFIANT SAYETH NAUGHT.

SWORN TO AND SUBSCRIBED
before me this 3rd, day
of February, 1995.

AUSTIN A FRYE
My Commission CC331196
Expires Nov. 17, 1997
Bonded by HAI
800-422-1555

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: 11/17/97

C:\JAMES\SAVES\CORP\KAPLAN2.AFF

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -4 PM 1:47

1a. DOCUMENT # A95000000398

1. Name of Limited Partnership

THE KAPLAN FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
1200 WASHINGTON STREET
HOLLYWOOD FL 33019

Principal Office Address
1200 WASHINGTON STREET
HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through the incorrect information and note correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/09/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$551,500.00		65-0559339	Applied For / Not Applicable — $5.75 Additional Fee Required for a Certificate of Status

8. FEES: 1.) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

KAPLAN, RICHARD J ESQUIRE
1999 UNIVERSITY DRIVE, SUITE 402
CORAL SPRINGS FL 33071

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City — FL — Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) — DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
L.J. KAPLAN, INC.	1200 WASHINGTON STREET	HOLLYWOOD FL 33019	P94000093256

300001686343
-01/11/96--01025--019
****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect, as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE — DATE

Telephone Number

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/95)

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