



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 1, 1995

BRIAN C. PERLIN
334 MINORCA AVENUE
CORAL GABLES, FL 33134

SUBJECT: MARRICH FAMILY LIMITED PARTNERSHIP
Ref. Number: W95000004537

We have received your document for MARRICH FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$735.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

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 (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 395A00009112

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Marrich Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")

2. 13951 S.W. 66th Street, Ste. 801A, Miami, FL 33183-2242
(The Business Address of Limited Partnership)

3. Brian C. Perlin, Esq.
(Name of Registered Agent for Service of Process)

4. 334 Minorca Avenue, Suite 200, Coral Gables, FL 33134
(Florida Street Address for Registered Agent)

5. *R C Perlin*
(Registered Agent must sign here to accept designation as Registered Agent for
Service of Process.)

6. 13951 S.W. 66th Street, Ste. 801A, Miami, FL 33183-2242
(The Mailing Address of the Limited Partnership.)

FILED
1995 MAR 16 AM 10:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2025.

8. NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
<u>Marrich Management Corp.</u>	<u>13951 S.W. 66th Street, Ste. 801A</u> <u>Miami, FL 33183-2242</u>
<u>P95000007526</u>	

Signed this 31st day of February, 1995.

Signature of all general partners: _____ Marrich Management Corp.

General Partner

By: Eleanor H. Marrich, President
General Partner

General Partner

General Partner

General Partner

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1995 MAR 16 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Marrich Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 100,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100,000.

This 8th day of February, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Marrich Management Corp

By: Eleanor H. M. Marrich, President
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR 16 10 58 AM
TALLAHASSEE FLORIDA
COUNTY CLERK

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 Mathiam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 FEB 23 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1a. DOCUMENT #
A95000000414

MARRICH FAMILY LIMITED PARTNERSHIP

Mailing Address Principal Office Address
13951 S.W. 66TH STREET, SUITE 001A
MIAMI FL 33183-2242
13951 S.W. 66TH STREET, SUITE 001A
MIAMI FL 33183-2242

2. New Mailing Address, if Applicable
State, Apt # etc. 9960 SW 128 ST
City, State & Zip MIAMI, FL 33176

2a. New Principal Office Address, if Applicable
State, Apt # etc.
City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA 03/16/1995
3a. Date of Last Report
4. State or County of Formation FL

5a. Capital Contributions as Shown on Record \$100,000.00
5b. Amount of Capital Contributions in FLORIDA to date \$500,000
6. FII Number 65-0556725

7. CERTIFICATE OF STATUS REQUIRED
Applied For Not Applicable \$0.75 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 \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$437.50 (\$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
PERLIN, BRIAN C ESO
334 M/NORCA AVENUE, SUITE 200
CORAL GABLES FL 33134

10. If changed, new Registered Agent Office
Name 800001728558
Street Address (P.O. Box Number is Not Acceptable) 65-0556725
State, Apt # etc. ***576.25 ***576.25
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
MARRICH MANAGEMENT CORP.	13951 S.W. 66TH STREE	MIAMI FL 33183	P95000007526
AR - \$437.50 SF - \$138.75 2/23/96			

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 voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 60, Florida Statutes.

SIGNATURE *Leslie M. Stern* DATE 12-20-95
Typed or Printed Name of General Partner Signing Form Leslie M. Stern Telephone Number 305-253-6720

CR2E003 (8/95)

A95000000414

OFFICE USE ONLY (Document #)

Marrick Family L TD.
(Requestor's Name)
 9960 SW 128 St.
(Address)
 Miami, FL 33176
(City, State, Zip) (Phone #)

800001723628
 -02/26/96--01015--011
 ***700.00 ***700.00
 800001723628
 -02/26/96--01015--012
 ***1050.00 ***1050.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Marrick Family Limited Partnership A95000000414
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

96 FEB 23 AM 9:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FF \$1,750.00
 2/23/96 [Signature]

Examiner's Initials _____

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Marrich Family Limited Partnership, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is \$500,000.00.

This 20th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of our knowledge and belief.

General Partner

Marrich Management Corp

By: Leslie M. Stern
Leslie M. Stern, President

96 FEB 23 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 1996