

*Russell Bennett*  
 (Name)  
**A95000000566**

\_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 681-7027  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

G. TAX \_\_\_\_\_ 1400.00  
 FILING \_\_\_\_\_ 35.00  
 R. AGENT FEE \_\_\_\_\_ 52.50  
 S. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_ 1487.50

FILED  
 SECRETARY OF STATISTICS  
 05 APR -5 AM 10: 27

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

1. TARA II LTD  
 (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
2. \_\_\_\_\_  
 (Corporation Name) \_\_\_\_\_ (Document #) \_\_\_\_\_
3. \_\_\_\_\_  
 (Corporation Name) \_\_\_\_\_ (Document #) 100001455561
4. \_\_\_\_\_  
 (Corporation Name) \_\_\_\_\_ (Document #) 04/12/95-01021--013  
\*\*\*1487.50 \*\*\*1487.50

- 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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*W95000000566*

G. TAX \_\_\_\_\_ 1400  
 FILING \_\_\_\_\_  
 R. AGENT FEE \_\_\_\_\_  
 S. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 I. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 RECEIVED \_\_\_\_\_  
 4/9/95  
 Examiner's Initials 184

RUDEN, BARNETT, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

ATTORNEYS AT LAW

200 EAST BRUNSWARD BOULEVARD  
FORT LAUDERDALE, FLORIDA 33301

POST OFFICE BOX 1900  
FORT LAUDERDALE, FLORIDA 33302

PHONE 764-6660  
ADAMS (407) 709-2700  
BOCA RATON (407) 992-9771  
FAX (764) 4996

SARASOTA  
TALLAHASSEE

WRITER'S DIRECT DIAL NUMBER

(305)527-6221

April 7, 1995

HAND DELIVERY

Florida Department of State  
Division of Corporations  
Bureau of Corporate Records  
409 East Gaines Street  
Tallahassee, Florida 32301  
Attention: Buck Kohr, Corporate Specialist

FILED STATE  
SECRETARY OF CORPORATIONS  
95 APR -6 PM 10:21

Re: Certificate of Limited Partnership for TARA II, LTD.

Dear Mr. Kohr:

Enclosed please find the following:

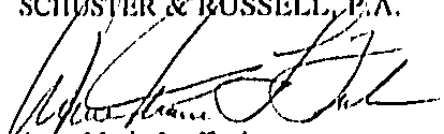
1. One original and one copy of the Certificate of Limited Partnership for Tara II, Ltd. that was submitted to your offices on April 6, 1995.
2. A check in the amount of \$1,487.50 in payment of the following:
  - (a) filing fee in the amount of \$1,400.00; and
  - (b) one certified copy in the amount of \$52.50; and
  - (c) Registered Agent fee in the amount of \$35.00.

We would appreciate if you would have this limited partnership filed as of the date we originally submitted it with the incorrect filing fee which was on April 6, 1995. If you are unable to honor this request please contact me.

Please return the certified copy and a date-stamped copy to our messenger. If you have any questions with regard to this matter, please call the undersigned collect at (305) 764-6660.

Very truly yours,

RUDEN, BARNETT, MCCLOSKEY, SMITH,  
SCHUSTER & RUSSELL, P.A.



Anne Marie La Ferla  
Legal Assistant for the  
Corporate & Finance Department

Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -6 AM 10: 21

RUDEN, BARNETT, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

ATTORNEYS AT LAW

200 EAST BROWARD BOULEVARD  
FORT LAUDERDALE, FLORIDA 33101

POST OFFICE BOX 1900  
FORT LAUDERDALE, FLORIDA 33102

(305) 764-6660  
MIAMI (305) 789-2700  
BOCA RATON (407) 392-9271  
FAX (305) 764-4996

SARASOTA  
TALLAHASSEE

WRITER'S DIRECT DIAL NUMBER

(305)527-6221

April 5, 1995

MIAMI  
NAPLES

HAND DELIVERY

Florida Department of State  
Division of Corporations  
Bureau of Corporate Records  
409 East Gaines Street  
Tallahassee, Florida 32301

Re: Certificate of Limited Partnership for TARA II, LTD.

Gentlemen:

Enclosed please find the following:

1. One original and one copy of the Certificate of Limited Partnership for Tara II, Ltd.
2. A check in the amount of \$1,837.50 in payment of the following:
  - (a) filing fee in the amount of \$1,750.00; and
  - (b) one certified copy in the amount of \$52.50; and
  - (c) Registered Agent fee in the amount of \$35.00.

RECEIVED  
DIVISION OF CORPORATIONS  
57 APR - 5 11:00 AM  
TALLAHASSEE, FLORIDA

Please return the certified copy and a date-stamped copy to our messenger. If you have any questions with regard to this matter, please call the undersigned collect at (305) 764-6660.

Very truly yours,

RUDEN, BARNETT, MCCLOSKEY, SMITH,  
SCHUSTER & RUSSELL, P.A.



Anne Marie La Ferla  
Legal Assistant for the  
Corporate & Finance Department

Enclosures

cc: Mark A. Coel, Esquire

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
TARA II, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -6 PM 2:21

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is TARA II, LTD.
2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (the "Act") is 3300 University Drive, Suite 310, Coral Springs, Florida 33065.
3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Howard Melamed, 3300 University Drive, Suite 310, Coral Springs, Florida 33065.
4. The name and business address of each General Partner of the Partnership is as follows:

<u>GENERAL PARTNER</u>	<u>BUSINESS ADDRESS</u>
<i>✓40081</i> L. Melamed Enterprises, Inc.	3300 University Drive, Suite 310 Coral Springs, Florida 33065

5. A mailing address for the Partnership is as follows:

Tara II, Ltd.  
3300 University Drive, Suite 310  
Coral Springs, Florida 33065

6. The latest date upon which the Partnership is to dissolve is April 5, 2020, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement.

7. An affidavit as to capital contributions of the limited partners is submitted herewith and hereby incorporated herein by reference.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 4<sup>th</sup> day of April, 1995.

GENERAL PARTNER:

L. MELAMED ENTERPRISES, INC.,  
a Florida corporation

By: 

Howard Melamed,  
Vice President

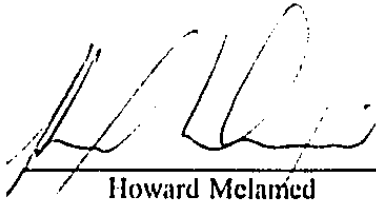
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -6 AM 10: 27

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 APR -6 AM 10: 21

ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Tara II, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act.

DATED this 4<sup>th</sup> day of April, 1995.

  
Howard McInamed

AFFIDAVIT DECLARING AMOUNT OF  
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF  
TARA II, LTD.

FILED - STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 APR - 5 PM 10: 27

The undersigned, constituting the General Partner of Tara II, Ltd. (the "Partnership"), a Florida limited partnership, certifies as follows:

Upon the formation of the Partnership, the limited partners' contributions of cash and property to the Partnership have a value of \$200,000 and no additional capital contributions are anticipated to be made by the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury the undersigned declares that the foregoing has been read and that the facts alleged are true, to the best of the undersigned's knowledge and belief.

L. MELAMED ENTERPRISES, INC.  
a Florida corporation

By: 

Howard Melamed,  
Vice President



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 McPham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
96 JAN -3 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  
1a. DOCUMENT #  
**A95000000566**

TARA II, LTD.  
96-AR  
C.M.

Mailing Address  
3300 UNIVERSITY DRIVE, SUITE 310  
CORAL SPRINGS FL 33065

Principal Office Address  
3300 UNIVERSITY DRIVE, SUITE 310  
CORAL SPRINGS FL 33065

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

3. Date Formed or Registered to Do Business in FLORIDA: 04/06/1995  
3a. Date of Last Report  
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: \$200,000.00  
5b. Amount of Capital Contributions in FLORIDA to date: 200,000  
6. FEI Number: Applied for

2. New Mailing Address, if Applicable  
State, Apt. # etc.  
City, State & Zip

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

7. CERTIFICATE OF STATUS REQUIRED  
Applied For:  \$6.75 Additional Fee required for a Certificate of Status  
Not Applicable:

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 607.103, 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  
MELAMED, HOWARD  
3300 UNIVERSITY DRIVE, SUITE 310  
CORAL SPRINGS FL 33065

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
State, Apt. # etc.  
City  
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the 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 620.102, 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. MELAMED ENTERPRISES, INC.	3300 UNIVERSITY DRIVE	CORAL SPRINGS FL 3306	V40081
			100001686501 -01/11/96--01032--013 ****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)(k) 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 effects 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 621, Florida Statutes.

SIGNATURE [Signature] DATE 12/28/95  
Type or Printed Name of General Partner Signing Form Howard Melamed Telephone Number 305-350-9085

CR2E003 (6/95)