

Document Number Only

A95000000729

CT CORPORATION SYSTEM

Requestor's Name
660 EAST JEFFERSON STREET

Address
TALLAHASSEE FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

FILED STATE
SECRETARY OF STATISTICS
DIVISION OF CORPORATIONS
95 MAY -9 PM 2: 21

200001487182
-05/15/95--01029--007
****96.25 ****96.25

MXHX, Ltd

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Fict. Filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Certified Copy | <input checked="" type="checkbox"/> JCUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

5/9/95

5/9/95
3:00

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FILE STAMPED

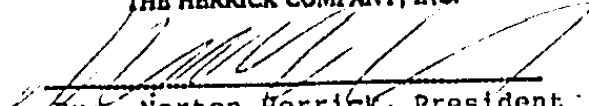
52.50
FEE 33.00
TOTAL 87.50
BANK 96.25
BALANCE DUE

CERTIFICATE OF LIMITED PARTNERSHIP
OF
MXIX, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY - 9 PM 2: 27

1. Name of Limited Partnership: MXIX, Ltd.
2. Business Address: 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, FL 33431-0810
3. Name of Registered Agent for Service of Process : THE HERRICK COMPANY, INC.
4. Florida's Street Address for Registered Agent: o/o The Herrick Company, Inc., 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, Florida 33431-0810.
5. Acceptance by the Registered Agent for Service of Process.

THE HERRICK COMPANY, INC.


By: Norton Herrick, President

6. Mailing Address of Limited Partnership: 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, FL 33431-0810
7. The latest date upon which the Limited Partnership is to be dissolved is May 30, 2025
8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

G-P MX, Inc.

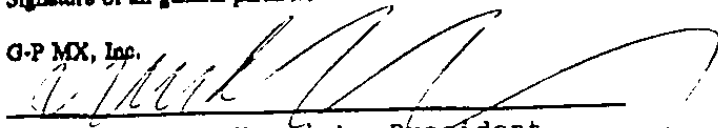
2295 Corporate Boulevard, Suite 222, P.O. Box 5010
Boca Raton, FL 33431-0810

995000036468

Signed this 8th day of May, 1995.

Signature of all general partners:

G-P MX, Inc.



By: Norton Herrick, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of
MXHX, LTD., a Florida Limited Partnership, certify as follows:


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

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

This 8th day of May, 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.

 _____ General Partner G-P MX, Inc.	_____ General Partner
By: <u>Norton Herrick</u> , President General Partner	_____ General Partner
_____ General Partner	_____ General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY - 9 PM 2: 27

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
Nancy McPherson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 19 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000729

MXHX, LTD.

2. Tax Mailing Address, If Applicable

State, Apt. #, etc.

Mailing Address

Corporate Office Address

P.O. BOX 5010
BOCA RATON FL 33431-0810

2295 CORPORATE BLVD., SUITE 222
BOCA RATON FL 33431-0810

City, State & Zip **000001672410**
-12/28/95--01010--024

2a. Tax Due per Other Tax *****\$200.00**** *****\$200.00**

State, Apt. #, etc.

If above addresses are received in any way, use through the services of a value and other receipt (address in Block 2 and/or 2a)

3. Date of Report or Registration to Documents in FLORIDA
05/09/1995

3a. Date of Last Report

4. State of Country of Formation
FL

City, State & Zip

5a. Capital Contributions as Shown on Report
\$100.00

5b. Amount of Capital Contributions to FLORIDA to Date

6. Identification

65-01 297 75

Applicable

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

\$5.75 Additional Fee (submit with a Certificate of Status)

8. FEES: 1) Filing Fee: Computed at a rate of \$2 per \$1,000 on amount entered in 5a or 5b 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 5a is greater than amount entered in 5b, 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

THE HERRICK COMPANY, INC.
2295 CORPORATE BLVD., SUITE 222
BOCA RATON FL 33431-0810

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

G-P MX, INC.

2295 CORPORATE BLVD.,

BOCA RATON FL 33431

P95000036468

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

12. I, the undersigned, certify that the information submitted is true and correct, and that I am qualified to file the information stated in this report. I release the Division of Corporations from any liability, if such information is used for any purpose other than that for which it was submitted, except as provided in this report. I further certify that the information indicated on this annual report is true and accurate and that I, as a general partner, have the legal authority to make, under oath, further certify that I am a general partner of the limited partnership, the owner or trustee empowered to execute this report, as required by Chapter 220, Florida Statutes.

SIGNATURE

[Handwritten Signature]

DATE

12/27/95

Typed or Printed Name of General Partner (Using Same as on Report)

G-P MX, INC. Atty. Notary General, Pcs

Registration Number

95000036468