

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607

800-342-8086

# A96000001919



PREMIER MAIL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 120710 17109984

AUTHORIZATION :

400001903794-1100  
-10/23/96--01031--008  
\*\*\*105.00 \*\*\*105.00

COST LIMIT : \$ PPD

ORDER DATE : October 15, 1996

ORDER TIME : 2:06 PM

ORDER NO. : 120710-005

CUSTOMER NO: 7109984

CUSTOMER: Mr. Jeffery Rosenberg  
PEBB ENTERPRISES

Suite 210  
1000 Corporate Drive  
Fort Lauderdale, FL 33334

G. TAX \_\_\_\_\_  
FILING 52.50  
R. AGENT FEE \_\_\_\_\_  
C. COPY 52.00  
TOTAL 104.50  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 15 AM 8:31

DOMESTIC FILING

NAME: PEBB ENTERPRISES DELRAY  
COMMONS LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: *MS*

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96 OCT 15 PM 4:16  
DIVISION OF CORPORATION  
10/15/96

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
PEBB ENTERPRISES DELRAY COMMONS LTD.**

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Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1990) and Section 620.108 of the Florida Statutes, the undersigned, being all of the General Partners of PEBB ENTERPRISES DELRAY COMMONS LTD., hereby execute and file with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the Limited Partnership is PEBB ENTERPRISES DELRAY COMMONS LTD.
2. The business address and the mailing address of the Limited Partnership is:

1000 Corporate Drive, Suite 210  
Fort Lauderdale, FL 33334

3. The name of the Registered Agent for service of process required by Section 620.105 of the Florida Statutes is:

Jeffrey M. Rosenberg

4. The Florida street address for the Registered Agent is:

1000 Corporate Drive, Suite 210  
Fort Lauderdale, FL 33334

5. Acceptance of Appointment of Registered Agent

Having been named the statutory Registered Agent of PEBB ENTERPRISES DELRAY COMMONS LTD., at the place designated in this Certificate of Limited Partnership of PEBB ENTERPRISES DELRAY COMMONS LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Section 620.192 of the Florida Statutes; and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

  
Jeffrey M. Rosenberg  
Registered Agent

DATED: OCT 8, 1996

6. The name and business address of the General Partner is as follows:

PEBB MANAGEMENT COMPANY, INC.,  
a Florida Corporation  
1000 Corporate Drive, Suite 210  
Fort Lauderdale, FL 33334

8960000 39415

7. The latest date upon which the Limited Partnership is to dissolve is March 2046.

IN WITNESS WHEREOF, the General Partner has executed the foregoing Certificate of Limited Partnership on the 8th day of October, 1996, in accordance with Section 620.114 of the Florida Statutes.

PEBB MANAGEMENT COMPANY, INC., a  
Florida corporation, General Partner

By:   
Paul Weiner, President

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**A F F I D A V I T**

THE UNDERSIGNED, constituting all of the General Partners of PEBB ENTERPRISES DELRAY COMMONS LTD., a Florida Limited Partnership, hereby certifies as follows:

1. The amount of capital contributions to date of the Limited Partners is \$9,900.
2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$9,900.

**FURTHER AFFIANT SAYETH NOT.**

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

PEBB MANAGEMENT COMPANY, INC., a  
Florida corporation, General Partner


By:   
Paul Weiner, President

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF BROWARD

The undersigned, under oath, state that they are engaged in a business enterprise under the fictitious name of PEBB ENTERPRISES located at 1000 Corporate Drive, Suite 210, Fort Lauderdale, Broward County, Florida 33334. Those interested in said enterprise are as follows:

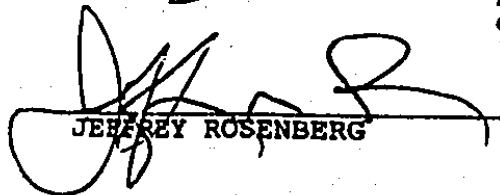
Partner #1  
Bruce Weiner  
5910 SW 37 Terrace  
Fort Lauderdale, FL 33312  
SS# 266-69-2998

  
BRUCE WEINER

Partner #2  
Barbara Rosenberg  
2678 NW 64 Boulevard  
Boca Raton, FL 33496  
SS# 067-42-4507

  
BARBARA ROSENBERG

Partner #3  
Jeffrey Rosenberg  
2678 NW 64 Boulevard  
Boca Raton, FL 33496  
SS# 051-38-2772

  
JEFFREY ROSENBERG

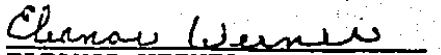
Partner #4  
Eleanor Weiner, Trustee for the  
Paul Weiner Irrevocable Trust #1P UA  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172510

  
ELEANOR WEINER, Trustee

Partner #5  
Eleanor Weiner, Trustee for the  
Paul Weiner Irrevocable Trust #2P UA  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172511

  
ELEANOR WEINER, Trustee

Partner #6  
Eleanor Weiner, Trustee for the  
Paul Weiner Irrevocable Trust #3P UA  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172512

  
ELEANOR WEINER, Trustee

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Affidavit of Owners  
Pebb Enterprises  
Page Two

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Partner #7  
Paul Weiner, Trustee for the  
Eleanor Weiner Irrevocable Trust #1P  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172505

  
PAUL WEINER, Trustee

Partner #8  
Paul Weiner, Trustee for the  
Eleanor Weiner Irrevocable Trust #2P  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172506

  
PAUL WEINER, Trustee

Partner #9  
Paul Weiner, Trustee for the  
Eleanor Weiner Irrevocable Trust #3P  
4539 Bocaire Boulevard  
Boca Raton, FL 33487  
ID# 65-6172508

  
PAUL WEINER, Trustee

SWORN TO and subscribed before me this 25<sup>th</sup> day of June,  
1996.

  
Notary Public

My commission expires:



FILED  
 1996 JUN 17 PM 3:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 OCT 15 AM 8:31

Section 1

1. PEBB ENTERPRISES  
Fictitious Name to be Registered

2. 1000 Corporate Drive, Suite 210  
Mailing Address of Business  
Fort Lauderdale, FL 33334  
 City Fort Lauderdale Florida 33334  
Zip Code

3. Florida County Broward

4. FEI Number: 59-1476555

This space for office use only

Section 2

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. See attached list of Owners 2. \_\_\_\_\_

<p>_____  <small>Last First MI</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>SS# _____</p>	<p>_____  <small>Last First MI</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>SS# _____</p>
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B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

<p>1. <u>_____</u>  <small>Entity Name</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>Florida Registration Number _____</p> <p>FEI Number: _____</p> <p><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>	<p>2. <u>_____</u>  <small>Entity Name</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>Florida Registration Number _____</p> <p>FEI Number: _____</p> <p><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>
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Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 30, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 6-21-96  
Signature of Owner Date  
 Phone Number: (946) 771-3305

\_\_\_\_\_  
Signature of Owner Date  
 Phone Number: \_\_\_\_\_

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
 \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
 registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date      \_\_\_\_\_  
Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30  
 FILING FEE: \$30  
 Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (12/95)