

A9700002636

BEZOW, KORN, BROWN, WOLFE & LIPTON P.A.

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CARRIE C. KRAVITZ
CARY A. LUBETSKY
TERI L. DI GIULIAN

REPLY TO:
P.O. BOX 8020
HALLANDALE, FLORIDA 33008

(OUTSIDE DADE) (800) 935-6889

TELECOPIERS:
LITIGATION (305) 936-2795
REAL ESTATE (305) 932-6043
LITIGATION (305) 936-2795

November 7, 1997

100002367911--0
-12/10/97--01028--017
*****87.50 *****87.50

VIA CERTIFIED MAIL:
RETURN RECEIPT REQUESTED

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
97 DEC -5 PM 4: 35

Re: Dornbusch Family Limited Partnership
Our File No. 2470.0004

FF \$87.50

Dear Sir/Madam:

Enclosed please find an Affidavit of Capital Contribution and Certificate of Limited Partnership with original signatures as well as a check in the amount of \$20.00 for filing with the Secretary of State.

If you require anything further, please do not hesitate to contact us.

Very truly yours,
Carrie Kravitz
CARRIE C. KRAVITZ
For The Firm

A97-2636

CCK/wp:md
enc.

Name Availability	<i>OK 12-8</i>
Document Examined	<i>OK</i>
Updated	<i>OK</i>
Updated Ver.	<i>OK</i>
Acknowledgment	<i>OK</i>
W. P. Verified	<i>OK</i>



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 17, 1997

CARRIE C. KRAVITZ
BEDZOW, KORN, BROWN, WOLFE & LIPTON, P.A
20803 BISCAYNE BLVD., SUITE 200
AVENTURA, FL 33180

SUBJECT: DORNBUSCH FAMILY LIMITED PARTNERSHIP
Ref. Number: W97000025890

We have received your document for DORNBUSCH FAMILY LIMITED PARTNERSHIP and check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy (15 pages or less, \$1 for each additional page after initial 15 pages)	\$52.50
Registered Agent/Office Change Name Reservation (120 days nonrenewable)	\$35
Amendment (other than specified)	\$35
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions \$7 per \$1000 on increase only (\$52.50 minimum-\$1750 maximum)	\$52.50
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report \$7 per \$1000 of invested capital (\$52.50 minimum - \$437.50 maximum) plus Supplemental Fee of \$138.75	
Reinstatement	

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TALLAHASSEE, FLORIDA

(\$500 for each year or part thereof the
partnership was revoked plus the delinquent
annual report fees)

On the affidavit an exact amount must be listed not less than \$1000.,

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
(850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 497A00054992

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TALLAHASSEE, FLORIDA

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December 1, 1997

VIA CERTIFIED MAIL:
RETURN RECEIPT REQUESTED

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

Re: Dornbusch Family Limited Partnership
Our File No. 2470.0004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Pursuant to your letter of November 17, 1997, enclosed please find an Affidavit of Capital Contribution and Certificate of Limited Partnership with original signatures as well as a check in the amount of \$87.50 for filing with the Secretary of State.

If you require anything further, please do not hesitate to contact us.

Very truly yours,

Carrie Kravitz
CARRIE C. KRAVITZ
For The Firm

CCK/amm
Enclosures


**CERTIFICATE OF LIMITED PARTNERSHIP
OF
DORNBUSCH FAMILY LIMITED PARTNERSHIP**

1. DORNBUSCH FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 21150 Pointe Place, Apartment 1504, Aventura, FL 33180
(The Business Address of Limited Partnership)

3. RICHARD C. WOLFE, ESQ.
(Name of Registered Agent for Service of Process)

4. 20803 BISCAYNE BOULEVARD, SUITE 200, AVENTURA, FL 33180
(Florida Street Address for Registered Agent)

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

6. 21150 Pointe Place, Apartment 1504, Aventura, FL 33180
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2039.

8. NAME OF GENERAL PARTNER(S):


JKNM Investments, Inc.
A Florida corporation
21150 Pointe Place
Apartment 1504
Aventura, FL 33180

097-93571

Signed this 3 day of November, 1997.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of all General Partners:


JKNM INVESTMENTS, INC.
JAIME DORNBUSCH, its President
General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of the DORNBUSCH FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

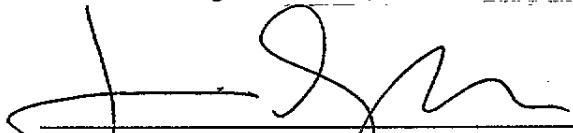
The amount of capital contributions to date of the limited partners is less than \$1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$ 1000.

This 3 day of November, 1997.

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.



JKNM INVESTMENTS, INC.
JAIME DORNBUSCH, its President
General Partner

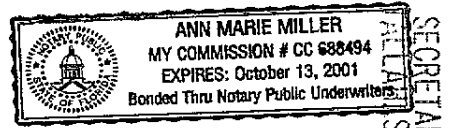
STATE OF FLORIDA)
) SS;
COUNTY OF DADE)

The execution of the foregoing instrument was acknowledged before me this 3 day of November, 1997, by JAIME DORNBUSCH, as President of JKNM INVESTMENTS, INC., and as General Partner of the Dornbusch Family Limited Partnership, who is personally known to me or has produced his Florida Driver's License as identification, and who did take an oath.

My Commission Expires: _____

Notary Public, State of Florida

Print Name: _____



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TALLAHASSEE, FLORIDA