

A 9800001046

LAW OFFICES
ENGLISH, MCCAUGHAY & O'BRYAN, P.A.

100 NORTH EAST THIRD AVENUE
SUITE 1100
FORT LAUDERDALE, FLORIDA 33301-1146

TELEPHONE (954) 462-3300
FACSIMILE (954) 763-2439

MAILING ADDRESS: P.O. Box 14098
FORT LAUDERDALE, FLORIDA 33302-4098

BOCA RATON OFFICE
120 EAST PALMETTO PARK ROAD
SUITE 450

BOCA RATON, FL 33432-6090

TELEPHONE (561) 347-1700
FACSIMILE (561) 391-9944

July 24, 1998

State of Florida
Division of Corporations
Limited Partnership Section
Post Office Box 6327
Tallahassee, Florida 32314

FILED
98 JUL 27 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: **Halliwell Family, Ltd.**

Dear Sir or Madam:

Enclosed please find, in duplicate original, an Amended Certificate of Limited Partnership for Halliwell Family, Ltd.

You will also find enclosed a check in the amount of \$105.00 to cover the filing fee and a Certified Copy of the Amendment.

If the enclosed meets with your approval, please file it with your office and return the Certified Copy to the attention of the undersigned.

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

Patrice A. Hunter A98-1046

Patrice A. Hunter
Corporate Paralegal

300002599413--5
-07/27/98--01081--001
****105.00 ****105.00

/pah
Enclosures (check)

cc: Gary L. Rudolf, Esq.
William T. Coleman, Esq.

Name Availability	<i>CR 7-28</i>
Document Examiner	<i>CR</i>
Updater	<i>CR</i>
Updater Verifier	<i>CR</i>
Acknowledgment	<i>CR</i>
W. P. Verifier	<i>CR</i>

AMENDED
CERTIFICATE OF LIMITED PARTNERSHIP
OF
HALLIWELL FAMILY, LTD.

FILED
98 JUL 27 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

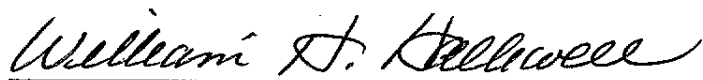
1. The name of the partnership is HALLIWELL FAMILY, LTD.
2. The street address of the Partnership at which the records of the Partnership shall be kept is: 100 N.E. Third Avenue, Suite 1100, Fort Lauderdale, FL 33301.
3. The name of the Partnership's registered agent is EMO Corporate Services, which has its principal place of business in this state. The street address of the registered agent is 100 N.E. Third Avenue, Suite 1100, Fort Lauderdale, FL 33301.
3. The name and post office address of the general partners are:

William H. Halliwell and Anne P. Halliwell
100 N.E. Third Avenue, Suite 1100
Fort Lauderdale, FL 33301.
4. The partnership shall be dissolved and its affairs wound up on April 24, 2048, or at such earlier time as is required by law or the Limited Partnership Agreement.

The execution of this certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the General Partners have executed this Certificate of Limited Partnership, on the 10 day of July, 1998.

We, William H. Halliwell and Anne P. Halliwell, agree to be bound by all of the terms and conditions of the Halliwell Family Ltd. Partnership Agreement.


William H. Halliwell

FILED
98 JUL 27 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anne P. Halliwell
Anne P. Halliwell

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

Before me, a notary public, on this day personally appeared William H. Halliwell, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office on the 10 day of July, 1998.

Patrice A. Hunter
Notary Public
Patrice A. Hunter
(Printed or stamped name)

My commission expires:

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)



PATRICE A. HUNTER
MY COMMISSION # CC448834 EXPIRES
June 1, 1999
BONDED THRU TROY FAIR INSURANCE, INC.

Before me, a notary public, on this day personally appeared Anne P. Halliwell, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office on the 10 day of July, 1998.

Patrice A. Hunter
Notary Public
Patrice A. Hunter
(Printed or stamped name)

My commission expires:



PATRICE A. HUNTER
MY COMMISSION # CC448834 EXPIRES
June 1, 1999
BONDED THRU TROY FAIR INSURANCE, INC.