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CROMWELL, PFAFFENBERGER, BARNER, GRIFFIN & COLTON, P.A.

ATTORNEYS AT LAW

631 U.S. HIGHWAY ONE - SUITE 410

P.O. BOX 14036

NORTH PALM BEACH, FLORIDA 33408

W.J. PFAFFENBERGER
FREEMAN W. BARNER, JR., P.A.
LAWRENCE C. GRIFFIN
SCOTT M. COLTON

TELEPHONE (561) 863-8300
TELEFAX (561) 863-5133

OF COUNSEL

ROBERT F. CROMWELL

January 14, 1999

Department of State
PL02 The Capital
Tallahassee, FL 32399-0250

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-01/20/99-01105-004

****140.00 ****140.00

Dear Sirs:

Enclosed please find the Certificate of Limited Partnership and Affidavit for the Bylcw Family Limited Partnership. The requested information pursuant to the Florida Statute 620.108 is included, and the total amount of capital contributed at this point and anticipated in the future by the limited partners, is zero.

Also enclosed is a check in the amount of \$140.00 for filing fees, registered agent designation, and a certified copy. Should you need any further information, please do not hesitate to call.

Thank you for your help and cooperation.

Very truly yours,


Scott M. Colton

FILED
99 FEB 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	1/27/99
Availability	dec
Source	SMC/mf
Enclosures	bcc
cc:	Mr. & Mrs. Bylcw
Acknowledgement	DCC
W. P. Verifier	DCC

① Rais address
& signature

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TELEPHONE (561) 863-8300
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OF COUNSEL
ROBERT F. CROMWELL

February 9, 1999

Florida Department of State
PL02 The Capital
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

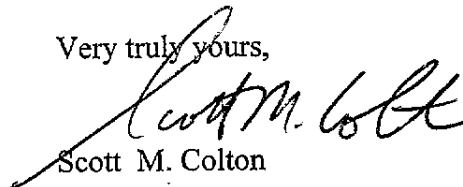
Dear Sirs:

Enclosed please find the Certificate of Limited Partnership, the Affidavit for the Bylciw Family Limited Partnership, the Registered Agent form, along with your letter of January 27, 1999. The requested information pursuant to the Florida Statute 620.108 is included, and the total amount of capital contributed at this point and anticipated in the future by the limited partners, is zero.

Please be so kind as to send us a certified copy. Should you need any further information, please do not hesitate to call.

Thank you for your help and cooperation.

Very truly yours,



Scott M. Colton

SMC/mf
Enclosures

cc: Mr. & Mrs. Walter N. Bylciw



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 27, 1999

SCOTT M. COLTON
CROMWELL PFAFFENBERGER BARNER ET AL
P.O. BOX 14036
NORTH PALM BEACH, FL 33408

SUBJECT: THE BYLCIW FAMILY LIMITED PARTNERSHIP
Ref. Number: W99000002121

We have received your document for THE BYLCIW FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name and address of the registered agent. The person listed as registered agent and the person signing as the registered agent must be the same.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 999A00003756


CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, in order to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Sections 620.101, et seq. of the Florida Statutes, do hereby certify:

1. The name of the limited partnership is **THE BYLCIW FAMILY LIMITED PARTNERSHIP**.
2. The address of the office of the partnership is 16 Sheldrake Lane, Palm Beach Gardens, Florida 33418.
3. The name of the agent for service of process is **WALTER N. BYLCIW**.
4. The names of the general partners are **Walter N. and Mary C. Bylcw** whose known address is 16 Sheldrake Lane, Palm Beach Gardens, Florida 33418.
5. The mailing address for the limited partnership is 16 Sheldrake Lane, Palm Beach Gardens, Florida 33418.
6. The latest date upon which the limited partnership is to dissolve is thirty-five (35) years from the filing of this Certificate;
7. This certificate is effective upon filing.

The undersigned affirms under penalties of perjury that the facts stated herein are true.


WALTER N. BYLCIW


MARY C. BYLCIW

FILED
99 FEB 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT

The undersigned, **WALTER N. BYLCIW AND MARY C. BYLCIW, CO-TRUSTEES U/A DATED**
_____, 1998, the general partners of **THE BYLCIW FAMILY LIMITED PARTNERSHIP**, being
duly sworn, does hereby depose and say:

1. I am over the age of eighteen (18) years and believe in the obligation of an oath.
2. The limited partners have made no contributions to the partnership. No future contributions by the limited partners is anticipated.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 15th day of December 1998.

WALTER N. BYLCIW, TRUSTEE

MARY C. BYLCIW, TRUSTEE

STATE OF FLORIDA

COUNTY OF

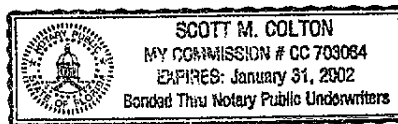
The foregoing instrument was acknowledged before me this 15th day of December, 1998 by WALTER N. BYLCIW and MARY C. BYLCIW, Co-Trustees, who are personally known to me or who have produced a driver's license as identification.

Notary Public

Print Name


My commission expires:

My Comm. Number: _____



REGISTERED AGENT

I, **WALTER N. BYLCIW** do hereby acknowledge that I am the Registered Agent of the Bylcw Family Limited Partnership. I reside at 16 Sheldrake Lane, Palm Beach Gardens, Florida 33418.


Signature

Walter N. Bylcw
Print name

Walter N. Bylcw
16 Sheldrake Lane
Palm Beach Gardens, Florida 33418

FILED
99 FEB 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA