

A96000001176

ABRAHAM, NICHOLS, JOHNSON, REBNICK & SCHNEIDER, P.A.

2025 TYPEN STREET  
POST OFFICE BOX 220000  
HOLLYWOOD, FLORIDA 33022-0000

ONE BOCA PLACE \* SUITE 401E  
2255 GLADES ROAD  
BOCA RATON, FLORIDA 33431-2383

TELEPHONE  
HOLLYWOOD (954) 981-8800  
FAX (954) 925-7013  
BOCA RATON & DELRAY  
(407) 994-8212  
(407) 994-2778  
FAX (407) 997-8494  
NORTH BROWARD (954) 428-9800  
MIAMI (305) 640-8440  
PALM BEACHES (407) 833-4710

VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
#Z 271 811 578

PLEASE REPLY TO

HOLLYWOOD  
FILE NO OFFICE  
ZIEM3-0013

June 17, 1996

MAYNARD ABRAHAM  
M.D. D.U.Z.

PAUL H. ANTON  
D.U.Z. D.U.R.

MILTON S. BLANT \*  
ELLEN S. HRYAN \*  
ALAN D. COHEN \*  
ANDY M. CURTIS  
MAURICE M. GARCIA  
GENE K. GLASSER \*  
STANLEY D. GOTTBERG \*  
SCOTT A. GRIN \*  
JENNIFER E. PRICE  
LEONARD HURBINS  
KENNETH A. HUBIN  
REUREN M. SCHNEIDER \* \*  
PETER M. WIEGEL  
JACK F. WEINS  
DAVID WEISMAN \*  
KAREN A. YOUNG

EDWARD S. REBNICK (RET.)

\* BOARD CERTIFIED TAX LAWYER  
BOARD CERTIFIED ESTATE PLANNING  
AND PROBATE LAWYER

◇ BOARD CERTIFIED REAL ESTATE LAWYER

§ MEMBER OF D.C. BAR  
§ MEMBER OF N.Y. BAR  
§ MEMBER OF OHIO BAR

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-06/21/96--01020--004  
\*\*\*1837.50 \*\*\*1837.50

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

RE: 1836 Family Partnership, Ltd.

Dear Sir or Madam:

Enclosed for filing please find one original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contribution for 1836 Family Partnership, Ltd. Also enclosed is our firm check to cover the required filing fee. Please complete the necessary filing and return the certified copy to the undersigned.

If you have any questions, please feel free to contact me.

Sincerely yours,

GENE K. GLASSER

GKG:ju/179755-1  
Enclosures  
cc: Mr. Michael I. Zier

FILED  
JUN 21 11 05 AM '96  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
CM

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1836 FAMILY PARTNERSHIP, LTD.,

A Florida Limited Partnership

FILED  
IN  
PUBLIC  
RECORDS  
OFFICE  
OF  
CLERK  
OF  
COURT  
DADE  
COUNTY  
FLORIDA  
NOV 15 1966

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership law, hereby states the following:

1. The name of the partnership is 1836 FAMILY PARTNERSHIP, LTD.
2. The address of the office of the partnership is 3300 North 29th Avenue, No. 102, Hollywood, Florida 33020.
3. The name and address of the agent for service of process on the partnership is ALAN B. COHN, c/o Abrams, Anton, Robbins, Resnick & Schneider, P. A., 2021 Tyler Street, Hollywood, Florida 33022.
4. The name and business address of the General Partner and the mailing address of the partnership are MICHAEL ZIER, 3300 North 29th Avenue, No. 102, Hollywood, Florida 33020.
5. The latest date upon which the partnership shall dissolve is December 31, 2046.
6. No Limited Partner shall be entitled to withdraw or demand the return of any part of its capital contribution except upon dissolution of the partnership.
7. All annual net profits of the partnership shall be divided among the partners in the same proportions as the partners' then capital accounts unless retained for partnership investments and business activities.

8. There is no priority of any one (1) Limited Partner over another with respect to the contributions or compensation by way of income.

9. A Limited Partner may not demand property other than cash in return for its contributions.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of 1836 FAMILY PARTNERSHIP, LTD. this 13 day of June, 1996.

Witnesses:

[Signature]  
John Terborch

GENERAL PARTNER:

[Signature]  
MICHAEL ZIER

FILED  
CLERK OF DISTRICT COURT  
MICHIGAN  
JUN 13 1996

Having been named as registered agent for 1836 FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

[Signature]  
ALAN B. COHN



produced \_\_\_\_\_ as identification and who  
did take an oath, on this 15<sup>th</sup> day of June, 1996.

[Signature]  
Notary Public, State of Florida

My Commission Expires:

NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES  
[Illegible text]

FILED  
05 JUN 26 AM 9:51  
TALLAHASSEE, FLORIDA