Friedlander, Misler, Friedlander, Sloan & Herz

SUITE 700

STEPMEN M. FRIEDLANDER LEDNARD A. SLOAN; GERALD MERZI MORRIS KLETZKIN; JEFOME OSTROV, P. C. 2: JANA RAY GUGGENMEIM! PHILIPPA T. GASNICR! JAMES J. GALLINAROM ROBERT J. STRAYHORNEW ALAN D. SUNDBURG! MARK D. CRAWFORD HOI SEVENTEENTH ST., N.W. WASHINGTON, D.C. 20036-4704

TELEPHONE (202) 672-0600 TELECOPIER (202) 657-6343 OF COUNSEL JACK L. FRIEDLANDER ALBERT D. MIBLER RETIRED

August 11, 1995

600001559976 -08/15/95--01034--005 ***1785.00 ***1785.00

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

Re: Registration of RIJAC Limited Partnership

Dear Sir or Madam:

Enclosed herewith are a certificate of limited partnership, notice of appointment of registered agent, and affidavit of contribution for the above-referenced limited partnership.

There is also enclosed a check in the amount of \$1785,00 to cover the registration fee and the registered agent fee for the foregoing limited partnership.

Please address all questions to the undersigned at the heading in this letter. Please also send the certificate to the undersigned.

Jerome Ostrov

Blolog Name Enc. Availability Goo Document Examiner Updater Updater Verifyer wine augement W. P. Verifyer ندس

\$ 673,850.00

CERTIFICATE OF LIMITED PARTNERSHIP RIJAC LIMITED PARTNERSHIP A FLORIDA LIMITED PARTNERSHIP

The undersigned general pariner desiring to form a limited partnership pursuant to Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620.108 of the Florida Statutes, hereby state the following:

- 1. The name of the Partnership is RIJAC LIMITED PARTNERSHIP.
- 2. The address of the office of the Partnership is:

1565 S. Ocean Lane, Apt. 177 Ft. Lauderdale, Florida 33316

3. The name and address of the agent for service of process on the Partnership is:

JACFRI, L.C. (a Florida Limited Liability Company) 1565 S. Ocean Lane, Apt. 177 Ft. Lauderdale, Florida 33316	SECRE I/A	1 304 S651	=
4. The name and business address of the sole general partner is L9500000003 JACFRI L.C. (a Florida Limited Liability Company)	<u>ب ر</u> بہ	# 1	ED
1565 S. Ocean Lane, Apt. 177 Ft. Lauderdale, Florida 33316		8	

5. The mailing address of the Partnership is:

1565 S. Ocean Lane, Apt. 177 Ft. Lauderdale, Florida 33316

- 6. The latest date upon which the Partnership shall dissolve is December 31, 2044.
- 7. The effective date of this Certificate of Limited Partnership shall be the date this Certificate is filed with the Florida Department of State.

[Signature and Notarial on Next Page]

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of RIJAC LIMITED PARTNERSHIP this loval of August 1995.

GENERAL PARTNER

By July Wellery	þ
Jack L. Friedlander, Trustee	
the Jack L. Friedlander Living Trust, Managing Member	•

Washington)	SECR TALL
District of Columbia) ss:)	TIAR SYNSE
FRIEDLANDER LIVINGS capacity set forth above, Driver's License Number	rtificate of Limited Partnership was acknown, 1995, by JACK L. FRIEDLANDER, TRUST, who represented himself to be the who is personally know to me or who has per F634-432-14-084, as identification and wind and official seal in the County and State 995.	person signing in the produced Fibrida State who did take an oath.
O		
	Notary Public Name: Talucia C. Am	·M
(SEAL)		
	My Commission Expires:	PUBLIC DISTRICT OF COLUMNA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for RLIAC LIMITED PARTNERSHIP, 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 Florida Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

JACFRI L.C.

Jack L. Friedlander, Trustee the Jack L. Friedlander Living

HA 11 SUA

Trust, Managing Member

AFFIDAVIT OF CAPITAL CONTRIBUTION

BEFORE ME, the undersigned, personally appeared JACK L. FRIEDLANDER, Trustee, the JACK L. FRIEDLANDER LIVING TRUST, as the Managing Member of JACFRI L.C., the sole general partner of RIJAC LIMITED PARTNERSHIP, a Florida limited partnership (hereinafter the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partners is as follows: \$100.00,
- 2. The amount of additional capital contributions anticipated to be contributed by the limited partners is as follows: \$673,750.00

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER

Jack L. Friedlander, Trustee

the Jack L. Friedlander

Living Trust, Managing Member

Washington)
District of Columbia)

The foregoing Affidavit of Capital Contribution was acknowledged before me this /o day of duc. 1995, by JACK L. FRIED/LANDER, Trustee, the JACK L. FRIED/LANDER LIVING TRUST, who represented himself to be the person signing in the capacity set forth above, who is personally know to me or who has produced Florida State Driver's License Number F634-432-14-084, as identification and who did take an oath.

Witness my hand and official seal in the County and State last aforesaid this day of buying., 1995.

Notary Public

lame: laticia C Smith

My commission expires: ___Mr Commission Expires: ___Mr Commission May 14, 2000

FILE ON UR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND \$500 PENALTY FLE

LIMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE ANNUAL REPORT Saridra Mortham Secretary of State 1996 DIVISION OF CORPORATIONS 1. Hame of Lambed Partherphyp. DOCUMENT # A95000001225 RLIAC LIMITED PARTNERSHIP DO NOT WILLELL 2. New Mailing Address. If Appli Maskra Address Surte Apt # etc Principal Office Address 1985 S. OCEAN LAME, APT, 177 1985 S. OCEAN LAME, APT, 177 FT LAUDERDALE FL 33316 Oty, State & Zip FT LAUDERDALF FL 33316 28. New Prescipal Office Address if Applicate If above addresses are incorrect in any way, line their up the recorrect information and enter correct address in Block 2 and/or 2s Suite, Apt. #, etc. Date Formed or Registered to Do Busines in FLORIDA 3a. Date of Last Report 4. State or Country of Formation City, State & Zap 08/14/1985 5a. Capital Contributions as Shown on Record 5b. Amoust of Capital Contributions in FLORIDA to date 6. FEI Number 7. CERTIFICATE OF STATUS REQUIRED Applied For \$673,850.00 58-2200936 59547 6. FEES: 1.) Filing Five: Computed at a rate of \$7 per \$1,000 on amount entored in 50 or 5a if 50 blank, with a minimum frang fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Five: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$197.25 (\$502.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).
Note: If the amount empred in 5b is greater main amount entered in "it. a supplemental afficient must be submitted along with a separate and appropriate himg for MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE 555.18 9. Name and Address of Current Registered Agent 10. If changed new Registered Agent/Office JACFRI, L.C. 1565 S. OCEAN LANE, APT 177 FT LAUDERDALE FL 33316 Suite Apt # etc *** ** \$155. 5.0. Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Sultities, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the statement for the purpose of changing its registered office or registered agent, or took in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. Lam familiar with, and accept the obligations of section 620-192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Parmer(s) Address of Each General Partner 11a. (OctiO1 (Ise Post Office Box Nut. 1916) Registration/ City, State & Zip Code JACKY L.C. CR2E003 (11/95) 1565 S. OCEAN LANE, A FT LAUDERDALE FL 3331 L95000000613 NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is vokinitarily lumished and does not qualify for the exemption stated in Section 119 (17(3)(k)). Florida Stitutes: I release the Division of Corporations from any flathifty of non-compliance with Section 119 07(3)(s) in the event fluit the information supplied is deemed evening throughout access 1 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, received or trustee empowered to execute this report as required by chapter 620. Florida Statutes

rai Partner Signing Form