APPLICATION FOR
FOR AK
FOR H
MITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FOR AK Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS					
DOCUMENT 1. Name of Limited Partne		000000			99 JUL 1	5 AM 10	: 07
The Daru	sist Family	Limited t	grtuec:	ship	DO NOT V	VRITE IN THIS SP	ACE.
2. Mailing Address 1950 Sout Suite, Apt. #, etc Cry & State Hallandale Zip 33009	n Ocean Dri Florida Country USA	3. Principal Office Ad 1950 Soil Suite, Apt. #, etc. City & State Hallandale Zip 33009	uth Oser	da	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 13 - 394108 6. CERTIFICATE OF STATUS D 7. State or Country of Formation	C SSIRED S8	Applied For Not Applicable 75 Additional Fee required for a Certificate of Status
8a. Capital Contributions on Record 10, 0 to 8b. Amount of Capital Co FLORIDA to date	0.	\$437.5 	50, for <u>each year</u> ; emental Fee(s): \$- ty Fee(s): \$500 pe t entered in 8b is g	<u>due</u> this office. 88.75 for <u>each year due</u> malty fee for <u>each year n</u>	00 on amount entered in 8b, with a ri this office, beginning with 1992 cater aport form is delinquent ared in 8a, a supplemental affidavit m	ninimum filing fee	of \$52.50 and a maximum of
9.	Name and Address of Current	Registered Agent			10. If changed, new registr	ered agent/office	
		- 4.1		Name			
AKRAM	1 . S. DARWI	SH CONTRACT		Street Address (P.O. Box Number Is Not Acceptable)			
AKRAM . S. DARWISH 1950 South Ocean Drive			į.	Suite, Apt #, etc			
	الملاء السوال	22440	L				
Hallond	lale, Florida	33009		City		FL	Zip Code
10a. Pursuant to the provior the purpose of ciagent I am familiar	visions of sections 620 1051 and hanging its registered office or in with, and accept the obligations	330009 620 192, Florida Statutes, the egistered agent, or both, in t	he State of Florid	limited partnership orga	nized or registered under the laws o horized by its general partner(s). I h	ereby accept the	ida, submits this statement
10a, Pursuant to the provior the purpose of cagent I am familiar SIGNATURE (Registered Age	visions of sections 620 1051 and hanging its registered office or with, and accept the obligations and Accepting Appointment) PARTNER THAT	33009 620 192, Florida Statutes, th egistered agent, or both, in t of section 620 192, Florida S	he State of Florid Statutes	imited partnership orga a Such change was aut	horized by its general partner(s) 1 h	ereby accept the	da, submits this statement appointment of registered
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Halland 10a. Pursuant to the proving the purpose of cagent. I am familiar SIGNATURE (Registered Age A GENERAL. 11. Names of General.	visions of sections 620 1051 and hanging its registered office or in with, and accept the obligations and Accepting Appointment) PARTNER THAT MUST all Partner(s)	33009 1620 192, Florida Statutes, the egistered agent, or both, in 1 of spection 620 192, Florida Statutes of Each of the Park of the Par	ATION, LI RED AND ach General Parts st Office Box Nur CCO	MITED PART ACTIVE WIT TO THAT ACTIVE WIT TO THAT AND TO THAT TH	DATE OFFICE. City, State and Zip Code 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ER BUSII 11a. 33co A 2.9.390 *158.75	NESS ENTITY Registration Document Number 216 1 22 11055004 *****158.75

CR2E039 (12/98)

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall give the same legal effects of if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute his riport as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

Warwish

DATE **\$/4/**9
Telephone Number 212-751-45