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Law Office of
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Board Certified Tax Law

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August 15, 2000

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

000003359380--7
-08/16/00--01057--003
*****105.00 *****105.00

Re: Daniels Family Holdings, Ltd.

000003359380--7
-08/31/00--01095--002
*****35.00 *****35.00

Dear Sir/Madam:

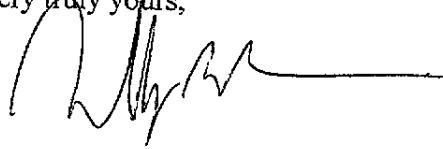
I am enclosing the Certificate of Amendment to the Certificate of Limited Partnership for Daniels Family Holdings, Ltd. to be filed with the Department of State.

Also enclosed is a check made payable to the Secretary of State in the amount of \$105.00 covering the filing fees for the above and the cost of a certified copy of the Certificate of Amendment to the Certificate of Limited Partnership.

Please return the certified copy and proof of filing to me at the address indicated above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Jeffrey B. Kahn

Encl.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS
OF
DANIELS FAMILY HOLDINGS, LTD.**

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act hereby states the following as the **CERTIFICATE OF LIMITED PARTNERSHIP** and **AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS**.

1. The name of the Limited Partnership is:
DANIELS FAMILY HOLDINGS, LTD.
2. The office of the Limited Partnership is located at:
6041 S.W. 17 Street
Plantation, FL 33317-5207

The name and address of the agent for service of process required to be maintained by F.S. § 620.105 are:

Jeffrey B. Kahn
6598 N.W. 97 Drive
Parkland, FL 33076

3. The name and address of the General Partner are:
**Stewart A. Daniels and Wanda Daniels Skoien as Trustees of the
Stewart A. Daniels Revocable Trust U/A/D 12/16/1985**
6041 S.W. 17 Street
Plantation, FL 33317-5207
4. The mailing address for the Limited Partnership is:
6041 S.W. 17 Street
Plantation, FL 33317-5207

5. The term of the Limited Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until June 30, 2050, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

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TALLAHASSEE, FLORIDA

6. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of its original capital contribution.

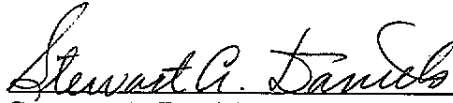
7. In accordance with F.S. § 620.108, the undersigned hereby certifies and declares, under the penalties of perjury, that the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is \$100.00.

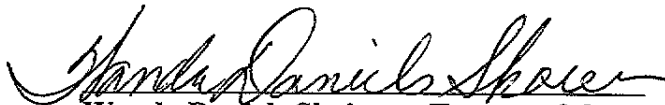
[signature on following page]

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contributions as of this 31st day of July, 2000.

GENERAL PARTNER


Stewart A. Daniels as Trustee of the
Stewart A. Daniels Revocable Trust
U/A/D 12/16/1985

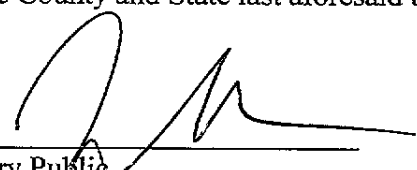

Wanda Daniels Skoien as Trustee of the
Stewart A. Daniels Revocable Trust
U/A/D 12/16/1985

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Stewart A. Daniels** who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 31st day of July, 2000.

JEFFREY B. KAHN
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # CC903622
EXPIRES 2/13/2004
BONDED THRU ASA 1-888-NOTARY1


Notary Public
State of Florida

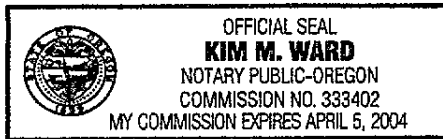
Typed, printed or stamped name of
Notary Public

My Commission Expires: _____

STATE OF Oregon)
COUNTY OF Clatsop) SS:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Wanda Daniels Skoien** who is personally known to me or who has produced drivers license as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 11 day of August, 2000.



Kim M. Ward

Notary Public
State of Oregon

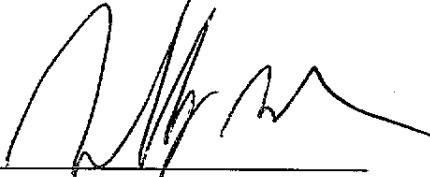
Kim M. Ward
Typed, printed or stamped name of
Notary Public

My Commission Expires: 4-5-04

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TALLAHASSEE, FLORIDA

ACCEPTANCE AS RESIDENT AGENT

I **HEREBY CERTIFY** that I am **Jeffrey B. Kahn** and I hereby accept the foregoing designation of Resident Agent.



Jeffrey B. Kahn

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA