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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN -6 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)922-4003
From: Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)982-1555
Fax Number : (305)982-1550

FLORIDA LIMITED PARTNERSHIP

Bernard Fuller Family Limited Partnership

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Certificate of Status	0
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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BERNARD FULLER FAMILY LIMITED PARTNERSHIP**

This Certificate of Limited Partnership is prepared and filed in order to form a limited partnership in accordance with Section 620.108, Florida Statutes.

1. The name of the limited partnership is BERNARD FULLER FAMILY LIMITED PARTNERSHIP
2. The address of the office and the name and address of the agent for service of process on the limited partnership is:

2601 S. Bayshore Dr.
Suite 1500
Miami, FL 33133

Allen D. Fuller
2601 S. Bayshore Dr.
Suite 1500
Miami, FL 33133

3. The name and business address of the general partners are:

Fuller Family Partners, Inc. 997000059323
2601 S. Bayshore Dr.
Suite 1500
Miami, FL 33133

4. The mailing address for the limited partnership is:

2601 S. Bayshore Dr.
Suite 1500
Miami, FL 33133

5. The term of the limited partnership shall commence upon the filing of this Certificate with the Florida Department of State, and the latest date upon which the limited partnership is to dissolve is December 31, 2030.

The undersigned general partner has executed this Certificate of Limited Partnership this 4th day of January, 2000.

GENERAL PARTNER:

FULLER FAMILY PARTNERS, INC.

BY: [Signature]
Authorized General Partner
Allen D. Fuller, President

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
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The undersigned accepts the foregoing designation as the agent for service of process on Bernard Fuller Family Limited Partnership, and agrees to act in that capacity.


Allen D. Fuller

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

§
§ SS
§

The undersigned, Allen D. Fuller, as President of the sole general partner of Bernard Fuller Family Limited Partnership, a Florida limited partnership, being first duly sworn on oath, deposes and says:

1. That he is the President of Fuller Family Partners, Inc., a Florida corporation, and in that capacity has full authority to sign this Affidavit on behalf of the partnership.


2. That Fuller Family Partners, Inc. is the sole general partner of Bernard Fuller Family Limited Partnership, a Florida limited partnership.

3. That the amount of the capital contributions of the limited partner and the total amount anticipated to be contributed by the limited partner at this time is \$1,000,00.

FURTHER AFFLIANT SAYETH NOT.

GENERAL PARTNER:
FULLER FAMILY PARTNERS, INC.

BY:


Authorized General Partner
Allen D. Fuller, President

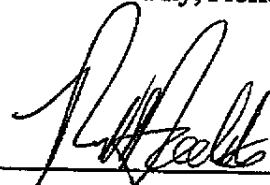
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STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority personally appeared Allen D. Fuller*, who is personally known to me or who has produced _____ as identification and who did take an oath, acknowledged before me that he executed the foregoing instrument for the purposes herein expressed.
*as President of Fuller Family Partners, Inc., a Florida corporation

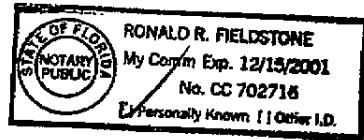
WITNESS MY HAND and official seal at Miami-Dade County, Florida, this 4th day of January, 2000.



Signature

Print (Notary's Name)
Notary Public, State of Florida

Notarial Seal:



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