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December 14, 1999

W99-29239

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-12/16/99-01065-006  
\*\*\*1785.00 \*\*\*1785.00

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

Re: P.M.P. ASSOCIATES, LIMITED PARTNERSHIP

Dear Madam or Sir:

Please find enclosed the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced Limited Partnership.

I am also enclosing my check number 13856 in the amount of \$1,785.00 representing payment of both the maximum filing fee and the fee of \$35.00 for the Registered Agent designation. I am enclosing an additional copy of these documents and I request that you return filed copies of same to me. I am also enclosing a self addressed stamped envelope for your convenience in returning same.

Thank you for your courtesy.

Very truly yours,

JEROLD A. BRESSMAN

MJH

JAB/msb

Encls.

00789-00611-00671

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JAN -6 PM 3:25



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 23, 1999

JEROLD A. BRESSMAN  
12 BERKELEY SQUARE  
BERKELEY HEIGHTS, NJ 07922

SUBJECT: P.M.P. ASSOCIATES, LIMITED PARTNERSHIP  
Ref. Number: W99000029239

We have received your document for P.M.P. ASSOCIATES, LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

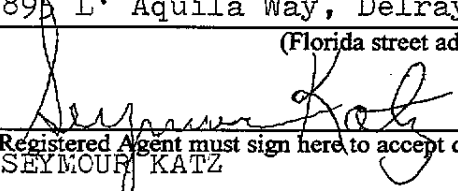
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 599A00060024

## CERTIFICATE OF LIMITED PARTNERSHIP

1. P.M.P. ASSOCIATES, LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 7895 L'Aquila Way, Delray Beach, FL 33446  
(Business address of Limited Partnership)
3. Seymour Katz  
(Name of Registered Agent for Service of Process)
4. 7895 L' Aquila Way, Delray Beach, FL 33446  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)  
SEYMOUR KATZ
6. 7895 L'Aquila Way, Delray Beach, FL 33446  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2029

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

Seymour Katz 7895 L'Aquila Way, Delray Beach, FL

Rosalee Katz 7895 L'Aquila Way, Delray Beach, FL

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 14th day of December, 19 99.

Signature of all general partners:

  
General Partner  
SEYMOUR KATZ

General Partner

General Partner

  
General Partner  
ROSALEE KATZ

General Partner

General Partner

00 JAN 15 PM 3:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of* P.M.P. ASSOCIATES,  
LIMITED PARTNERSHIP

*a Florida Limited Partnership, certify:*

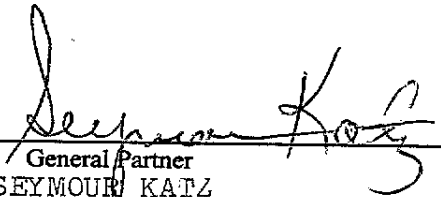
The amount of capital contributions to date of the limited partners is \$ 2,000,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 2,000,000.00.

Signed this 14th day of December, 19 99.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

  
General Partner  
SEYMOUR KATZ

General Partner

General Partner

  
General Partner  
ROSALEE KATZ

General Partner

General Partner