

Thomas Family Partnership, Ltd.

2701 North Flagler Dr.
West Palm Beach, FL 33407
561/555-6440 phone
561/555-6448 fax

A00000000168

00789-02544-00524-00671

December 5, 1999

~~009-29238~~

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

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-12/16/99--01065--005
***1750.00 ***1750.00

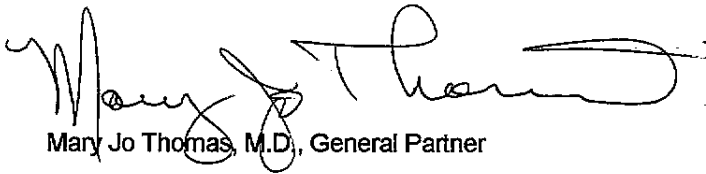
Dear Sir or Madam:

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-01/24/00--01102--016
*****35.00 *****35.00

We enclose a Certificate of Limited Partnership, together with the Affidavit of Capital Contributions and our check in the amount of \$1,750 made payable to the State of Florida. These documents and funds are being sent to the State of Florida in order to complete the registration of our family limited partnership.

If you have any questions or require additional information, please phone me at 561/655-6440. Thank you for your attention to this matter.

Very truly yours,



Mary Jo Thomas, M.D., General Partner

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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GA 1/24



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 23, 1999

MARY JO THOMAS, M.D.
2701 NORTH FLAGLER DR.
WEST PALM BEACH, FL 33407

SUBJECT: THOMAS FAMILY PARTNERSHIP, LTD.
Ref. Number: W99000029238

We have received your document for THOMAS FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$1750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

There is a fee of \$35.00 due for the Designation of the Registered Agent.,

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.

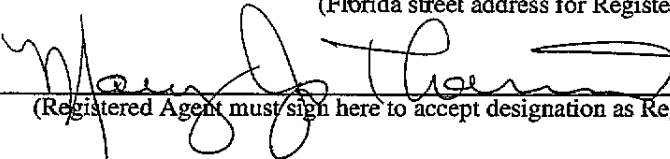
Michelle Hodges
Document Specialist

Letter Number: 799A00060023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. Thomas Family Partnership, Ltd., Mary Jo Thomas, General Partner
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2701 North Flagler Dr., West Palm Beach, FL 33407
(Business address of Limited Partnership)
3. Mary Jo Thomas, M.D., General Partner
(Name of Registered Agent for Service of Process)
4. 2701 North Flagler Dr., West Palm Beach, FL 33407
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2701 North Flagler Dr., West Palm Beach, FL 33407
(Mailing Address of the Limited Partnership)

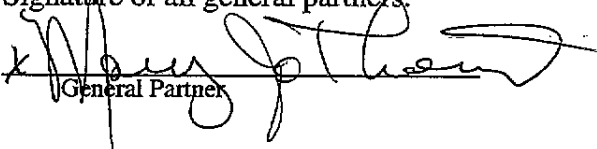
7. The latest date upon which the Limited Partnership is to be dissolved is: March 12, 2029
8. Name(s) of general partner(s): _____ Street address: _____

<u>Mary Jo Thomas MD</u>	<u>2701 North Flagler Dr.</u>
_____	<u>West Palm Beach FL 33407</u>
_____	_____
_____	_____

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 5th day of December, 19 99

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
Thomas Family Partnership, Ltd., Mary Jo Thomas,
General Partner
a Florida Limited Partnership, certify:

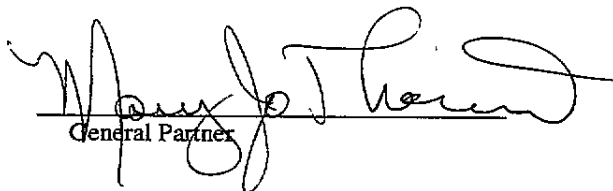
The amount of capital contributions to date of the limited partners is \$ 1,364,883.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,364,883.

Signed this 5th 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

General Partner

General Partner

General Partner

General Partner

General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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