

# A00000001213

7-3100 NANCY

MARTIN THIRER PA

Requestor's Name

475 W. Cypress Creek Rd. #204

Address

Ft. Lauderdale

City

State

ZIP

Phone

VALIDATION ONLY

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DIVISION OF CORPORATIONS  
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CORPORATION(S) NAME

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\*\*\*1785.00 \*\*\*1785.00

LPR Family Limited Partnership

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)



Empire Toll Free: 1-800-432-3028

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**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**LPR FAMILY LIMITED PARTNERSHIP**

FLORIDA STATE  
DIVISION OF CORPORATIONS  
00 AUG - 1 AM 10:44

1. The name of the Limited Partnership is:

**LPR FAMILY LIMITED PARTNERSHIP**

2. The principal place of business and mailing address of the Limited Partnership is 1475 West Cypress Creek Road, Suite 204, Fort Lauderdale, Florida 33309.

3. The name and address of the Registered Agent for Service of Process is Stephen M. Golding, 1475 West Cypress Creek Road, Suite 204, Fort Lauderdale, Florida 33309.

4. The latest date upon which the Limited Partnership is to be dissolved is 2075.

5. The name and address of the General Partner is:

**LPR MANAGEMENT COMPANY**  
1475 West Cypress Creek Road, Suite 204  
Fort Lauderdale, Florida 33309

PO0000067 2104

IN WITNESS WHEREOF, the undersigned General Partner has signed this Certificate of Limited Partnership this 26th day of July, 2000.

**GENERAL PARTNER:**

**LPR MANAGEMENT COMPANY**  
a Florida corporation

By: \_\_\_\_\_

Louis Russo, President

I, Stephen M. Golding, having been named to accept service of process for LPR FAMILY LIMITED PARTNERSHIP, at the place designated in this certificate, hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: \_\_\_\_\_

Stephen M. Golding, Registered Agent

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA :

COUNTY OF BROWARD :

The undersigned constituting all of the general partners of LPR FAMILY LIMITED PARTNERSHIP, certify:

The amount of capital contributions to date of the limited partners is \$500.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$500,000.00.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

LPR MANAGEMENT COMPANY  
a Florida corporation

By: \_\_\_\_\_

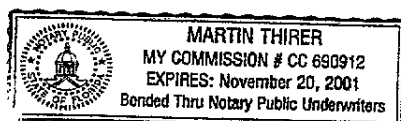
LOUIS RUSSO, President

On this 26th day of July, 2000, before me personally came LOUIS RUSSO, to me personally known, who being by me duly sworn, did depose and says that the foregoing facts are true and accurate and that he is the president of LPR Management Company, the corporation described herein and which executed the foregoing instrument.

\_\_\_\_\_  
*Martin Thirer*

NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:



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