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

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From: Account Name : ATLAS PEARLMAN, P.A.  
Account Number : 076247002423  
Phone : (954) 763-1200  
Fax Number : (954) 766-7800

## FLORIDA LIMITED PARTNERSHIP

## BLUE HORIZON LIMITED

A-1361

Certificate of Status	0
Certified Copy	1
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CERTIFICATE OF LIMITED PARTNERSHIP OF  
**BLUE HORIZON LIMITED**  
a Florida limited partnership

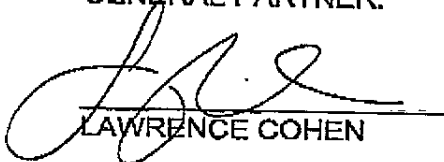
The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is BLUE HORIZON LIMITED
2. The address of the office of the Partnership is 3311 N.E. 26th Avenue, Lighthouse Point, Florida 33064.
3. The name and address of the agent for service of process on the Partnership are Joel D. Mayersohn, Atlas Pearlman, P.A., 350 East Las Olas Boulevard, Suite 1700, Fort Lauderdale, Florida 33301.
4. The name and business address of the sole general partner are Lawrence Cohen, 3311 N.E. 26th Avenue, Lighthouse Point, Florida 33064.
5. The mailing address of the Partnership is 3311 N.E. 26th Avenue, Lighthouse Point, Florida 33064.
6. The latest date upon which the Partnership shall dissolve is August 1, 2050.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Blue Horizon Limited this 28 day of August, 2000.

GENERAL PARTNER:

  
LAWRENCE COHEN

H00000046658 1  
ATLAS PEARLMAN, P.A.  
350 E. LAS OLAS BOULEVARD, SUITE 1700  
FORT LAUDERDALE, FL 33301  
ATTENTION: JOEL D. MAYERSOHN, ESQ.  
FL BAR NO. 0093492

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### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

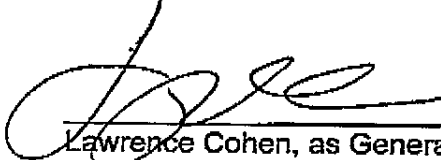
The undersigned constituting the Sole General Partner of Blue Horizon Limited, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the limited partners is \$ -0-.

The total amount anticipated to be contributed by the limited partners at this time totals \$20,000.00.

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.

  
Lawrence Cohen, as General Partner

This 29 day of August, 2000.

STATE OF FLORIDA )

) SS: LHP

COUNTY OF BROWARD )

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TALLAHASSEE FLORIDA

The foregoing instrument was acknowledged before me this 29 day of August, 2000, by Lawrence Cohen who is personally known to me or has produced as identification and did/did not take an oath.

Notary Public:

By: 

Print: MARIE J. MINNICAN  
State of Florida at Large



Marie J. Minnican  
MY COMMISSION # CC672035 EXPIRES  
September 25, 2001  
BONDED THRU TROY FAYN INSURANCE, INC.

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