A00000001702

GREEN SCHOENFELD & KYLE LLP
ATTORNEYS AT LAW

ROYAL PALM CORPORATE CENTER
SUITE 320
1520 ROYAL PALM SQUARE BOULEVARD
FORT MYERS, FLORIDA 33919
TELEPHONE: (941) 936-7200
FAX: (941) 936-7997

MJH

300003444223--9
-10/30/00--01132--003
***1793.75 ***1793.75

October 27, 2000

Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

CVS

Re: Certificate of Limited Partnership of Kohn Enterprises, Ltd.
Statement of Qualification for Kohn Enterprises, Ltd.

Enclosed please find the following documents for filing with the Florida Department of State:

1. Certificate of Limited Partnership of Kohn Enterprises, Ltd.; and

2. Statement of Qualification for Kohn Enterprises, Ltd.

I have also enclosed two checks in the amounts of $1793.75 and $86.25 respectively, to cover filing fees. I have broken down the fees below for your convenience.

Certificate of Limited Partnership (max. filing fee based on contributions)	$1750.00
Registered Agent Designation for Certificate of Partnership	35.00
Certificate of Status for Certificate of Limited Partnership	8.75
Total for Filing Certificate	$1793.75
Statement of Qualification Filing Fee	$ 25.00
Certified Copy	52.50
Certificate of Status	8.75
Total for filing Qualification	$ 86.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 10:32

Please file these documents with the Secretary of State and fax us the Certificated of Status as soon as possible. Fax the documents to 941-936-7997.

Thank you for your assistance in this matter.

Sincerely,

Lynn Girardin
Legal Assistant

/lg
Enclosures

CERTIFICATE OF
LIMITED PARTNERSHIP OF
KOHN ENTERPRISES, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. ***Name of Partnership.*** The name of the Partnership shall be Kohn Enterprises, Ltd.

2. ***Address of Recordkeeping Office; Agent for Service of Process.*** The records to be kept pursuant to Florida Statutes Section 620.106 shall be located at 1520 Royal Palm Square Boulevard, Suite 320, Fort Myers, FL 33919, and the name of the Partnership's agent for service of process at said address is Lowell Schoenfeld.

3. ***Name and Business Address of the General Partner.*** The name and address of the General Partner are as follows:

Name	Address
Marilyn J. Kohn, Trustee, Marilyn J. Kohn Revocable Living Trust	431 Suwanee Park Forest, IL 60466

4. ***Mailing Address for the Partnership.*** The mailing address for the Partnership is 431 Suwanee, Park Forest, IL 60466.

5. ***Term.*** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate of Limited Partnership in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for Kohn Enterprises, Ltd.

DATED this 6TH day of October, 2000.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 10:32

GENERAL PARTNER:

Marilyn J. Kohn

Marilyn J. Kohn, Trustee, Marilyn J. Kohn
Revocable Living Trust

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within limited partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Lowell Schoenfeld

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, Marilyn J. Kohn, as Trustee of the Marilyn J. Kohn Revocable Living Trust, as General Partner of Kohn Enterprises, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certifies as follows:

1. The Limited Partners have contributed $494,000. of capital to the Partnership.

2. It is anticipated that no additional capital shall be contributed by the Limited Partners in the future.

This 6TH day of October, 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

Marilyn J. Kohn
Marilyn J. Kohn, Trustee, Marilyn J. Kohn
Revocable Living Trust

STATE OF ILLINOIS
COUNTY OF Will

The foregoing instrument was acknowledged before me this 6th day of Oct., 2000, by Marilyn J. Kohn, as Trustee of the Marilyn J. Kohn Revocable Living Trust, as General Partner of Kohn Enterprises, Ltd., on behalf of the limited partnership, who is personally known to me or who has produced _____ as identification and who did take an oath.

OFFICIAL SEAL
SHERYL K NASO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/19/04

Sheryl K. Naso
NOTARY PUBLIC
Name: Sheryl K. Naso
Commission No. _____
My Commission Expires: 1/19/04