

# At 600000294

**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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**To:**Division of Corporations  
Fax Number : (850) 922-4003**From:**Account Name : LENOFF AND LENOFF, P.A.  
Account Number : I20000000281  
Phone : (954) 427-9500  
Fax Number : (954) 427-6473SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED PARTNERSHIP****Four Corners Investment Associates, LTD**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$96.25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
FOUR CORNERS INVESTMENT ASSOCIATES, LTD.**

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is: **FOUR CORNERS INVESTMENT ASSOCIATES, LTD.**

2. The location of the principal place of business of the Partnership is: **1761 West Hillsboro Blvd., Suite 405, Deerfield Beach, Florida 33442.**

3. The name and location of the registered agent is as follows: **Steven Lenoff, 1761 West Hillsboro Blvd., Suite 405, Deerfield Beach, Florida 33442.**

4. The name and address of the General Partner is set forth below:

**6490 Affiliates, Inc., a Florida corporation**  
**1761 West Hillsboro Blvd., Suite 405**  
**Deerfield Beach, Florida 33442**

5. The mailing address of the Partnership is: **1761 West Hillsboro Blvd., Suite 405, Deerfield Beach, Florida 33442.**

6. The latest date upon which the Partnership shall dissolve is **December 31, 2010.**

7. The effective date of this Certificate of Limited Partnership shall be the date upon which this Certificate of Limited Partnership is filed with the Secretary of State of the State of Florida.

8. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest shall be executed in the Partnership name by the General Partner.

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.

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IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of FOUR CORNERS INVESTMENT ASSOCIATES, LTD., this 1 day of Mar, 2001.

GENERAL PARTNER:

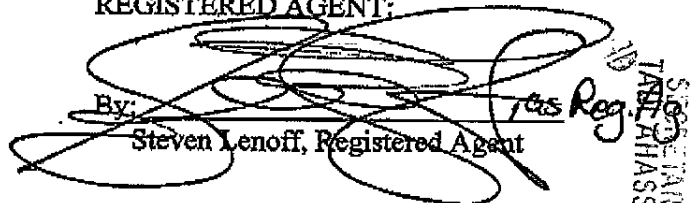
6490 AFFILIATES, INC.

By:  as Pres.  
Steven Lenoff, President

#### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for FOUR CORNERS INVESTMENT ASSOCIATES, LTD., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

By:  as Reg.  
Steven Lenoff, Registered Agent

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

*The undersigned constituting all of the general partners of FOUR CORNERS INVESTMENT ASSOCIATES, LTD., a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$200.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$200.00.

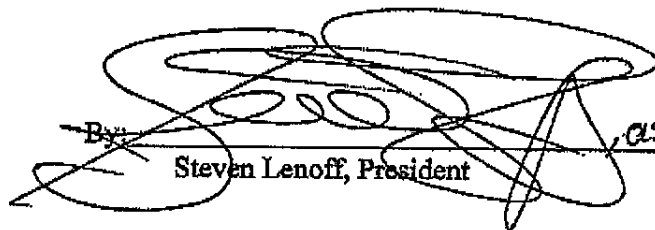
Signed this 1 day of Mar, 2001.

FURTHER AFFIANT SAYETH NOT.

*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.*

GENERAL PARTNER

6490 AFFILIATES, INC.

By:  as Pres.  
Steven Lenoff, President

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