

# A010000000694

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May 15, 2001

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VIA FEDERAL EXPRESS

Secretary of State  
State of Florida  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32301

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-05/16/01--01068--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Attention: Bureau of Corporate Records

Re: TAB 200, Ltd.

A01-694

Ladies/Gentlemen:

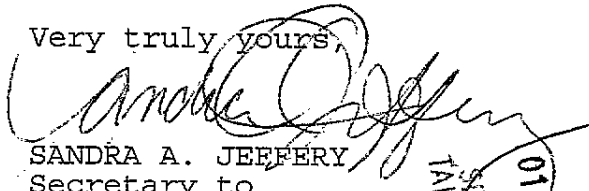
Enclosed is an original and one copy of (1) Affidavit of Capital Contributions and (2) Certificate of Formation of Limited Partnership with regard to the above-referenced entity. Also, enclosed is our check in the amount of \$87.50 representing your fees as follows:

Filing Fee	\$ 52.50
Registered Agent Fee	35.00
	\$ 87.50

Please file the above-referenced documents and return a stamped filed copy to this office in the envelope provided.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

  
SANDRA A. JEEFER  
Secretary to  
Michael A. Schroeder

/saj  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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CERTIFICATE OF FORMATION OF LIMITED PARTNERSHIP  
OF  
TAB 200, LTD.

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 TAB 200, LTD.
2. The address of the office of the Partnership is 140 North Federal Highway, Second Floor, Boca Raton, Florida 33432.
3. The name and address of the agent for service of process on the Partnership is Michael A. Schroeder, Esq., Schroeder and Larche, P.A., One Boca Place, Suite 319 Atrium, 2255 Glades Road, Boca Raton, Florida 33431.
4. The name and business address of the sole General Partner is TAB PROPERTIES, INC., a Florida corporation, 2900 University Drive, Coral Springs, Florida 33065.
5. The mailing address of the Partnership is 140 North Federal Highway, Second Floor, Boca Raton, Florida 33432.
6. The latest date upon which the Partnership will dissolve is January 1, 2031.

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 Formation of Limited Partnership has been executed on behalf of the sole General Partner of TAB 200, LTD., this 10<sup>th</sup> day of May, 2001.

General Partner:

TAB PROPERTIES, INC.,  
a Florida corporation

By: GREGORY K. TALBOTT  
Its: Vice President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

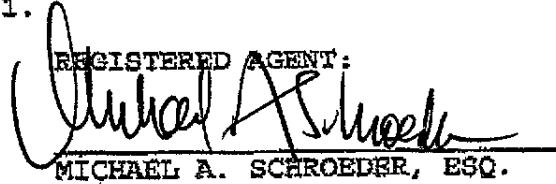
Having been named as registered agent for the Partnership in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the

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TALLAHASSEE FLORIDA  
STATE SECRETARY

Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent, as of this 14 day of May, 2001.

REGISTERED AGENT:

  
MICHAEL A. SCHROEDER, ESQ.

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

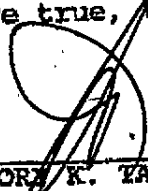
STATE OF FLORIDA                     )  
  :SS.:  
COUNTY OF PALM BEACH            )

Before me, the undersigned authority, personally appeared GREGORY K. TALBOTT, as Vice President of TAB PROPERTIES, INC., a Florida corporation, the sole General Partner of TAB 200, LTD., a Florida limited partnership (the "Partnership"), who, on behalf of the corporation, after being duly sworn, deposes and says as follows:

1. The amount of capital contributions to the Partnership made by the Limited Partners is, in the aggregate, Seven Thousand Five Hundred Dollars (\$7,500.00).

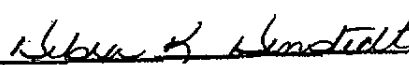
2. At this time, it is not anticipated that additional capital contributions will be made by the Limited Partners.

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.

  
\_\_\_\_\_  
GREGORY K. TALBOTT

Dated: May 10, 2001

The foregoing instrument was acknowledged before me on May 10, 2001, by GREGORY K. TALBOTT, who is personally known to me, has produced \_\_\_\_\_ as identification and who did take an oath.

  
\_\_\_\_\_  
Print, Type or Stamp Name of  
Notary Public-State of Florida

My Commission Expires:  
My Commission Number:  
My Notary Seal:

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HILLSBORO, FLORIDA