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ACCOUNT NO. : 072100000032
REFERENCE : 175433 4306827
AUTHORIZATION :
COST LIMIT : \$ PREPAID

FILED
01 JUN -6 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 6, 2001

ORDER TIME : 2:50 PM

ORDER NO. : 175433-005

CUSTOMER NO: 4306827

CUSTOMER: Laurence Blair, Esq
Abrams Anton, P.a.


2021 Tyler Street

Hollywood, FL 33022

10000436827-7
-06/07/01--01001--010
***1837.50 ***1837.50

DOMESTIC FILING

NAME: SYLVIA NOVAK FAMILY LTD.

EFFECTIVE DATE: 

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

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01 JUN -6 PM 3: 24
DIVISION OF CORPORATION

BK

AA01

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SYLVIA NOVAK FAMILY LTD.,

a Florida Limited Partnership

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TALLAHASSEE, FLORIDA

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

1. The name of the partnership is SYLVIA NOVAK FAMILY LTD.
2. The principal address and the mailing address of the office of the partnership is SYLVIA NOVAK FAMILY LTD., 3957 Hadjes Drive, Suite 2109, Lake Worth, Florida 33467.
3. The name and address of the agent for service of process on the partnership is GENE K. GLASSER, c/o Abrams Anton P.A., 2021 Tyler Street, Hollywood, Florida 33022.
4. The names and business address of the General Partners and the mailing address of the partnership are MICHAEL NOVAK and LESLIE NOVAK, 3957 Hadjes Drive, Suite 2109, Lake Worth, Florida 33467.
5. The latest date upon which the partnership shall dissolve is December 31, 2051.

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MAY 30 2001
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6. No Limited Partner shall be entitled to withdraw or demand the return of any part of its capital contribution except upon dissolution of the partnership.

7. All annual net profits of the partnership shall be divided among the partners in the same proportions as the partners' then capital accounts unless retained for partnership investments and business activities.

8. There is no priority of any one (1) Limited Partner over another with respect to the contributions or compensation by way of income.

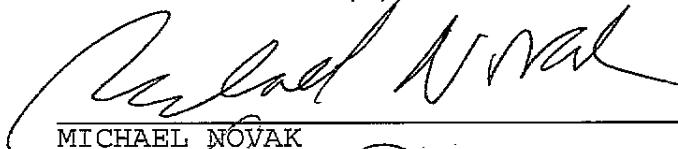
9. A Limited Partner may not demand property other than cash in return for its contributions.

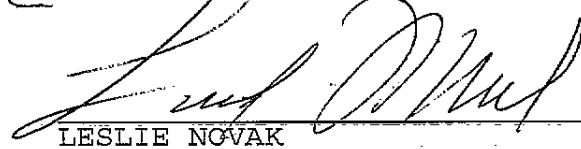
The execution of this Certificate by the undersigned General Partner(s) constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner(s) of SYLVIA NOVAK FAMILY LTD. this 30 day of May, 2001.

Witnesses:

GENERAL PARTNER(S):



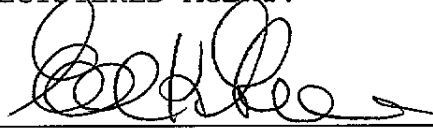
MICHAEL NOVAK


LESLIE NOVAK

Having been named as registered agent for SYLVIA NOVAK FAMILY 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.

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TALLAHASSEE, FLORIDA
PW# 29

REGISTERED AGENT:



GENE K. GLASSER

LIB:es:jbr

AFFIDAVIT OF CAPITAL CONTRIBUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

BEFORE ME, the undersigned, personally appeared MICHAEL NOVAK and LESLIE NOVAK, the General Partner(s) of SYLVIA NOVAK FAMILY LTD., a Florida limited partnership, who, upon being duly sworn, certifies as follows:

The amount of capital contributions to the partnership made by all of the Limited Partners is as follows:

\$1,212,603.00


The amount of additional capital contribution anticipated to be contributed by each Limited Partner is as follows:


-0-

FURTHER, AFFIANT SAYETH NAUGHT.

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(s):

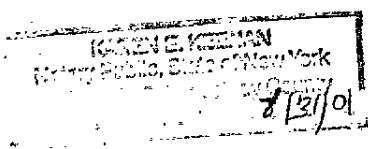


MICHAEL NOVAK


LESLIE NOVAK

STATE OF NEW YORK)
COUNTY OF Schenectady) SS:

The foregoing Affidavit was subscribed and acknowledged before me by MICHAEL NOVAK, who is personally known to me or who has produced known as identification, on this 30th day of May, 2001.

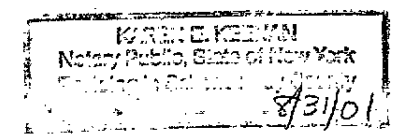


Karen E. Keenan
Notary Public, State of Florida
New York
01
15
20
PM 4:29
STATE
FLORIDA

My Commission Expires: 8/31/01

STATE OF NEW YORK)
COUNTY OF Schenectady) SS:

The foregoing Affidavit was subscribed and acknowledged before me by LESLIE NOVAK, who is personally known to me or who has produced drivers license as identification, on this 30th day of May, 2001.



Karen E. Keenan
Notary Public, State of Florida
New York

My Commission Expires: 8/31/01