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FILED
01 SEP 18 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 489195 4331939
AUTHORIZATION :
COST LIMIT : \$ PPD

ORDER DATE : September 18, 2001
ORDER TIME : 10:54 AM
ORDER NO. : 489195-005
CUSTOMER NO: 4331939

500004597095--6
-09/18/01--01050--002
*****87.50 *****87.50

CUSTOMER: Ms. Mikie Schmidt
Greenberg Traurig, P.a.
515 East Las Olas Boulevard
Suite 1500
Fort Lauderdale, FL 33301

500004597095--6
-09/18/01--01050--003
***1750.00 ***1750.00

DOMESTIC FILING

NAME: BURKE FAMILY LIMITED PARTNERSHIP

EFFECTIVE DATE:

RECEIVED
01 SEP 18 PM 12:28
DIVISION OF CORPORATION

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115
EXAMINER'S INITIALS: _____

BK

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BURKE FAMILY LIMITED PARTNERSHIP**

01 SEP 18 PM 2:08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of **BURKE FAMILY LIMITED PARTNERSHIP**, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is **BURKE FAMILY LIMITED PARTNERSHIP**.

2. The business address and the mailing address of the limited partnership is 1421 West Terra Mar Drive, Pompano Beach, Florida 33062.

3. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:


Catherine B. Burke

4. The Florida street address for the registered agent is:

1421 West Terra Mar Drive
Pompano Beach, Florida 33062

5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of **BURKE FAMILY LIMITED PARTNERSHIP**, at the place designated in this Certificate of Limited Partnership of **BURKE FAMILY LIMITED PARTNERSHIP**, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Chapter 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.



CATHERINE B. BURKE, Registered Agent

Dated: Aug 8, 2001

6. The name and business address of the general partner is as follows:

BURKE HOLDINGS, INC.
1421 West Terra Mar Drive
Pompano Beach, Florida 33062

701000079971

AFFIDAVIT

BEFORE ME, the undersigned, constituting the sole general partner of **BURKE FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, certifies as follows:

1. The initial Limited Partners of **BURKE FAMILY LIMITED PARTNERSHIP** have contributed property valued at \$2,378,800 to the Partnership as their initial capital contribution.

2. The initial Limited Partners anticipate making no additional capital contributions other than the contribution stated above.

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.

BURKE HOLDINGS, INC., a Florida corporation, General Partner

By: Catherine B. Burke
CATHERINE B. BURKE, President

FILED
SEP 18 PM 2:09
STATE OF FLORIDA
TALLAHASSEE

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

SS:

The foregoing instrument was acknowledged before me this 8th day of Aug, 2001 by **CATHERINE B. BURKE**, in her capacity as President of Burke Holdings, Inc. The aforesaid **CATHERINE B. BURKE** personally appeared before me, is personally known to me or produced W/A as identification, and [did] [did not] take an oath..

[NOTARIAL SEAL]

Notary: Francis B Brogan Jr
Print Name: FRANCIS B BROGAN JR
Notary Public, State of: _____
My commission expires: _____

OFFICIAL NOTARY SEAL
FRANCIS B BROGAN JR
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC712883
MY COMMISSION EXP. FEB. 13, 2002