

STEVEN J. ASARCH P.A.
Law Offices

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OF COUNSEL

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September 19, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

100004609761--3
-09/25/01--01022--001
****140.00 ****140.00

RE: LUCKMAN FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed herewith please find the original and one copy of the Certificate of Limited Partnership filed on behalf of our client LUCKMAN FAMILY LIMITED PARTNERSHIP along with a check in the total sum of \$140.00 covering the following fees:

Filing Certificate of Limited Partnership
Certified copy of Certificate
Designation of Registered Agent

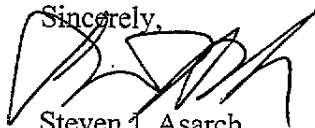
TOTAL FEES

FILED
SEP 24 PM 5:00
TALLAHASSEE FLORIDA
\$52.50
\$52.50
\$35.00
\$0.00

Please file the Certificate of Limited Partnership and forward certified copy of the Certificate of Limited Partnership to my office as soon as possible.

Also enclosed is the Affidavit of Capital Contributions and the Acceptance of Appointment as Registered Agent.

Thank you for your attention to this matter. If you have any questions regarding the above, please call my office.

Sincerely,

Steven J. Asarch
Attorney at Law

A01-1315
OR

Sja/
Enclosures
cc: Lisa R. Luckman w/out Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the undersigned person, desiring to form a Florida Limited Partnership, hereby swears to and affirms as follows:

1. The name of the Limited Partnership is **LUCKMAN FAMILY LIMITED PARTNERSHIP**.
2. The business address of the Limited Partnership is 513 N. Country Club Drive, Atlantis, Florida 33462.
3. The name and street address of the agent for service of process is Steven J. Asarch, Esquire, 1900 N.W. Corporate Boulevard, Suite 400 East, Boca Raton, Florida 33431.
4. The mailing address of the Limited Partnership is 513 N. Country Club Drive, Atlantis, Florida 33462.
5. The term of the Limited Partnership shall commence upon the filing of this Certificate of Limited Partnership with the State of Florida, and shall terminate on the 31st day of December, 2051, unless otherwise terminated or extended in accordance with the provisions of the Limited Partnership Agreement.
6. The name and address of the General Partner is as follows:

Luckman Family Enterprises, Inc.
513 N. Country Club Drive
Atlantis, Florida 33462

901-57880

Under penalties of perjury, the undersigned declares that she has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

Executed this 14 day of September, 2001.

GENERAL PARTNER:

LUCKMAN FAMILY ENTERPRISES, INC.

By:


Lisa R. Luckman, President

01 SEP 24 PM 5:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, being the sole general partner of LUCKMAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies as follows:

1. The amount of capital contributions to date of the limited partners is \$1,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals approximately \$1,000.00

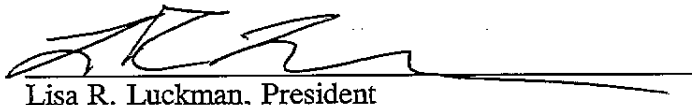
Dated this 14 day of September, 2001.

FURTHER AFFIANT SAYETH NAUGHT.

Under the penalties of perjury, the undersigned declares that she has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

LUCKMAN FAMILY ENTERPRISES, INC., General Partner

By:


Lisa R. Luckman, President

FILED
01 SEP 24 PM 5: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for **LUCKMAN FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Limited Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT



A handwritten signature in black ink, appearing to read 'S. Asarch', is written over a solid horizontal line.

STEVEN J. ASARCH

FILED
01 SEP 24 PM 5: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA