

**A 010000001334**

OFFICE  
ARNOLD S. GOLDSTEIN & ASSOCIATES, P.A.

ARNOLD S. GOLDSTEIN\*  
NICOLE S. OFSTEIN\*\*  
OF COUNSEL:  
DAVID B. MANDELL†

384 S. MILITARY TRAIL  
DEERFIELD BEACH, FLORIDA 33442-3007  
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BOSTON, MA 02108  
TEL: (617) 619-3638  
FAX: (617) 619-3924

10 COLE STREET  
LONDON, ENGLAND SE14YH  
TEL: (071) 357-0367  
FAX: (071) 357-0347

\* ADMITTED IN MA ONLY  
\*\* ADMITTED IN FL ONLY  
† ADMITTED IN CA AND NY ONLY

PLEASE REPLY TO:  
FLORIDA OFFICE

August 22, 2001

Secretary of State of Florida  
Business Filing Division  
409 E. Gaines Street  
Tallahassee, FL 32399

900004557579--3  
-08/27/01--01068--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

To Whom It May Concern:

Enclosed kindly find the signed paperwork and check in the amount of \$87.50 to file the Florida Limited Partnership for our client. Please process and mail back to our office when executed. Thank you in advance for your prompt assistance.

Sincerely,

*Barbara P. Schwartz*

Barbara P. Schwartz

FILED  
01 OCT -1, PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A01-1334  
OK



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 25, 2001

BARBARA SCHWARTZ  
384 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442-3007

SUBJECT: ACROPOLIS LIMITED PARTNERSHIP  
Ref. Number: W01000020414

We have received your document for ACROPOLIS LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 501A00053235

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -4 PM 5: 00

FILED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 31, 2001

BARBARA SCHWARTZ  
384 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442-3007

SUBJECT: ACROPOLIS LIMITED PARTNERSHIP  
Ref. Number: W01000020414

We have received your document for ACROPOLIS LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 001A0004970

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT -4 PM '01

FILED

LAW OFFICES  
**ARNOLD S. GOLDSTEIN & ASSOCIATES, P.A.**

ARNOLD S. GOLDSTEIN\*  
NICOLE S. OFSTEIN\*\*  
OF COUNSEL:  
DAVID B. MANDELL†

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PLEASE REPLY TO:  
FLORIDA OFFICE

September 20, 2001

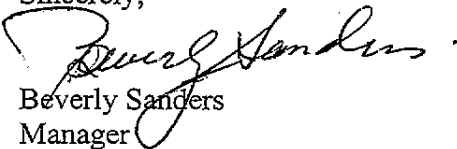
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314  
Attn: Tammi Cline

Dear Tammi,

In response to your attached letter, we re-submit the limited partnership with a name change. The old name was Acropolis Limited Partnership. The NEW name is ACROPOLIS ENTERPRISES LIMITED PARTNERSHIP.

Please register this LP as soon as possible.

Sincerely,

  
Beverly Sanders  
Manager

FILED  
01 OCT -4 PM 5: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES  
**ARNOLD S. GOLDSTEIN & ASSOCIATES, P.A.**

ARNOLD S. GOLDSTEIN\*

NICOLE S. OFSTEIN\*\*

OF COUNSEL:  
DAVID B. MANDELL†

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PLEASE REPLY TO:  
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BOSTON, MA 02108  
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FAX: (617) 619-3924

10 COLE STREET  
LONDON, ENGLAND SE14YH  
TEL: (07 1) 357-0367  
FAX: (07 1) 357-0347

October 1, 2001


Secretary of State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Tammi Cline

Dear Tammi,

In response to your attached letter, we re-submit the limited partnership with a name change. The old name was Acropolis Limited Partnership. The NEW name is AGEAN ENTERPRISES LIMITED PARTNERSHIP.

Please register this LP as soon as possible.

Sincerely,

  
Beverly Sanders  
Manager

FILED  
01 OCT -4 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

**AGEAN ENTERPRISES LIMITED PARTNERSHIP**

**FLORIDA**

1. **Name of Limited Partnership:** AGEAN ENTERPRISES LIMITED PARTNERSHIP
2. **Street Address of Records Office in FLORIDA:**  
5557 Sea Forest Dr. #210, New Port Richie, Fl 34652
3. **Name and Address of Agent for Service of Process:**  
Georgia Laousis  
5557 Sea Forest Dr. #210,  
New Port Richie, Fl 34652
4. **Names and address of each general partner.**  
Georgia Laousis  
5557 Sea Forest Dr. #210,  
New Port Richie, Fl 34652
5. **Latest date upon which limited partnership is to dissolve:** December 31, 2060
6. **It is hereby declared that I am (we are) the person(s) who executed this Certificate of Limited Partnership, which execution is may (our) act and deed:**

ⓧ Georgia Laousis  
Georgia Laousis, General Partner

8-12-01  
Date

FILED  
01 OCT -4, PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of **AGEAN ENTERPRISES LIMITED PARTNERSHIP**, a Florida Limited partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$1,000. The total amount contributed and anticipated to be contributed by the limited partners at this time is \$1,000.

Signed this 12 day of August, 2001.

FURTHER AFFIANT SAYETH NOT

Under the 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

② Georgia Laousis  
Georgia Laousis

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01 OCT -4 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A AGEAN ENTERPRISES LIMITED PARTNERSHIP

Signed this 12 day of August, 2001.

Signature of General Partner.

Ⓢ Georgia Ladasis

FILED  
01 OCT -4 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA