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LAW OFFICES OF  
FORREST SYGMAN

UNION PLANTERS BANK BUILDING  
SUITE 303  
8603 SOUTH DIXIE HIGHWAY  
MIAMI, FLORIDA 33143

TELEPHONE (305) 529-1910  
TELEPHONE (305) 661-8955  
TELECOPIER (305) 668-6225

400004684614--9  
-11/18/01--01025--003  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

November 9, 2001

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

400004684614--9  
-12/20/01--01001--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

W01-26704

**Re: Limited Partnership**


Dear Sir or Madam:

Enclosed herein please find a Limited Partnership for *The Walker and Family Limited Partnership* and a check in the amount of \$52.50 for filing of same.

Please file the Limited Partnership and return a certified copy of same.

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

Very truly,

  
Forrest Sygman

FS/mg

Enclosure

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 20 PM 12:49

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lep



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 21, 2001

FORREST SYGMAN  
LAW OFFICES OF FORREST SYGMAN  
8603 SOUTH DIXIE HIGHWAY, SUITE 303  
MIAMI, FL 33143

SUBJECT: THE WALKER AND FAMILY LIMITED PARTNERSHIP  
Ref. Number: W01000026704

We have received your document for THE WALKER AND FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. 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.**

In addition to the \$52.50 filing fee, there is a \$35 registered agent designation fee due.

In section 5 of the certificate, the agent is not named; the information is listed strictly as an address. The acceptance indicates that the agent will be the P.A. rather than the individual, but please make your agent choice explicit by including the agent's name in section 5 separately from the address.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 301A00062389

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LAW OFFICES OF  
**FORREST SYGMAN**

UNION PLANTERS BANK BUILDING  
SUITE 303  
8603 SOUTH DIXIE HIGHWAY  
MIAMI, FLORIDA 33143

TELEPHONE (305) 529-1910  
TELEPHONE (305) 661-8955  
TELECOPIER (305) 668-6225

December 10, 2001

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

**Re: *Limited Partnership***

Dear Sir or Madam:

Enclosed herein please find a Limited Partnership for *The Miami Walker and Family Limited Partnership*. A check in the amount of \$52.50 for the filing of The Walker and Family Limited Partnership was forwarded to you on November 9, 2001. The Walker and Family Limited Partnership could not be filed and thus, returned to us on November 21, 2001, (a copy of your letter is attached for your reference) but the check was not returned. Please use our original check in the amount of \$52.50 for the filing of the enclosed Limited Partnership. Additionally, a check in the amount of \$35.00 is enclosed for the registered agent designation fee, per your letter.

Please file the Limited Partnership and return a certified copy of same.

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

Very truly,

  
Forrest Sygman

FS/mg

Enclosure

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**CERTIFICATE AND AFFIDAVIT  
OF  
FLORIDA LIMITED PARTNERSHIP  
OF  
THE MIAMI WALKER AND FAMILY LIMITED PARTNERSHIP,  
A FLORIDA LIMITED PARTNERSHIP**

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P. WALKER FAMILY CORP., a Florida corporation (the "General Partner") here makes, acknowledges, and files this Certificate of Limited Partnership (the "Certificate") for The Miami Walker and Family Limited Partnership, hereinafter referred to as the "Partnership".

1. **Name of Partnership.** The name of the Partnership is:

*The Miami Walker and Family Limited Partnership*

2. **Mailing Address and Principal Place of Business of the Limited**

**Partnership.** The mailing address of the Limited Partnership is: c/o Forrest Sygman, 8603 S. Dixie Highway, Suite 303, Miami, Florida 33143, and the principal place of business of the Limited Partnership is c/o Forrest Sygman, 8603 S. Dixie Highway, Suite 303, Miami, Florida 33143.

3. **Name and Business Address of General Partner.** The name and business address of the General Partners in the Partnership is as follows:

Forrest Sygman  
8603 S. Dixie Highway, Suite 303  
Miami, Florida 33143

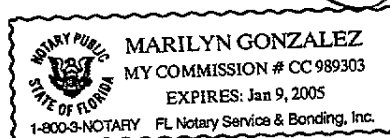
4. **Effective Date.** The Partnership will become effective upon the filing of this Certificate and shall terminate and dissolve no later than December 31, 2042.

5. **Agent and Address for Service of Process.** The Agent for service of process on the Partnership shall be:

Forrest Sygman  
8603 S. Dixie Highway, Suite 303  
Miami, Florida 33143

6. **Capital Contributions.** The undersigned herewith affirms that the total

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**ACCEPTANCE OF REGISTERED AGENT**

I hereby accept the appointment of, and designation as, Registered Agent for the service of process within the State of Florida of the proposed limited partnership named in the Certificate Affidavit of Limited Partnership hereinabove set forth and do hereby further state that I may be found as Registered Agency for service of process upon said proposed corporation at the address set forth in Paragraph 5 of this Certificate.

DATED this 12<sup>th</sup> day of September, 2001.

**REGISTERED AGENT**

Forrest Sygman, P.A.

PO 1-92181

By: 

Forrest Sygman, Esq.

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