

**Florida Department of State**  
**Division of Corporations**  
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**Katherine Harris, Secretary of State**

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Department of State <sup>D</sup>5/8/2002 3:33 <sup>S</sup>PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 8, 2002

CORPORATE & CRIMINAL RESEARCH SERVICES

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

SUBJECT: PRESERVE PARTNERS, LP  
REF: W02000013298

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

LP is not an acceptable suffix.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H02000135624  
Letter Number: 302A00029014

PLEASE GIVE ORIGINAL SUBMISSION  
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TALLAHASSEE, FL 32314

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
PRESERVE PARTNERS, LTD.**

1. The name of the limited partnership is **PRESERVE PARTNERS, LTD.**
2. The business address of the limited partnership is c/o Swerdlow Group, 300 Hollywood Way, Hollywood, Florida 33021.
3. The name of the registered agent of the limited partnership is **Corpdirect Agents**
4. The Florida street address of the registered agent of the limited partnership is:

103 N. Meridian Street  
Lower Level  
Tallahassee, Florida 32301

5. Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accept the obligations of its position as registered agent.

**CORPDIRECT AGENTS**

By: *Pam Wolfe*  
Print Name: Pam Wolfe  
Title: It's Agent

6. The mailing address of the limited partnership is c/o Swerdlow Group, 300 Hollywood Way, Hollywood, Florida 33021.

7. The latest date upon which the limited partnership is to be dissolved is December 31, 2101.

8. The name of the general partner of the limited partnership is **Preserve Partners, LLC**, a Florida limited liability company. The street address of the general partner is c/o Swerdlow Group, 300 Hollywood Way, Hollywood, Florida 33021.

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CORPDIRECT AGENTS

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

**PRESERVE PARTNERS, LLC**  
a Florida limited liability company

By: 

Michael Swerdlow

Title: President

02 MAY -9 PM 10:38  
STATE OF FLORIDA  
TALLAHASSEE

APPROVED  
AND  
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR PRESERVE PARTNERS, LTD.**

The undersigned being the general partner of **PRESERVE PARTNERS, LTD** a Florida limited partnership, certifies:

The amount of capital contributions to date of the limited partners is \$0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$30,000,000.

Executed this 6<sup>th</sup> day of May, 2002.

**FURTHER AFFIANTS SAYETH NAUGHT.**

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

**PRESERVE PARTNERS, LLC**  
a Florida limited liability company

By: 

Michael Swerdlow

Title: President

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**WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME**

**PRESERVE PARTNERS, LLC**, a Florida limited liability company ("Company"), hereby does grant permission and approves the filing of the Certificate of Limited Partnership of Preserve Partners, LTD a Florida limited partnership.

The undersigned, being the President of the Company, has executed this Written Consent Granting Approval for Use of Name on behalf of the Corporation this 1<sup>st</sup> day of May, 2002.

**PRESERVE PARTNERS, LLC**  
a Florida limited liability company

By: [Signature]  
Michael Swerdlow  
Title: President

STATE OF FLORIDA                    )  
  )  
COUNTY OF BROWARD            )     SS

IN WITNESS WHEREOF, before me appeared Michael Swerdlow, being the President of Preserve Partners, LLC, general partner of Preserve Partners, LTD a Florida limited partnership, known to me or produced \_\_\_\_\_ as identification and did testify that he executed this above document for the purposes therein stated.

[Signature]  
Notary Public

My commission expires: \_\_\_\_\_

(SEAL)



Celeste M. O'Neil  
MY COMMISSION & COMATES EXPIRES  
August 24, 2004  
BORNED THROUGH TROY FARM INSURANCE, INC.

02 MAY -9 AM 10:48  
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