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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICES  
**CROUCH & MINER**  
PROFESSIONAL ASSOCIATION

JEFFREY R. MINER

S. LEE CROUCH  
OF COUNSEL

SUITE 303  
1001 NORTH FEDERAL HIGHWAY  
**HALLANDALE BEACH, FLORIDA 33009**  
Telephone (954) 454-8011  
Fax (954) 454-8012

December 3<sup>rd</sup>, 2002

Florida Department of State  
Corporate Records Bureau  
Bureau of Commercial Recording  
409 Gaines Street  
Tallahassee, FL 32399

RE: FUTURE FAMILY LIMITED PARTNERSHIP

Dear Gentlemen:

With reference to the above, I herewith submit the following:

1. Two (2) copies of the Certificate of Limited Partnership for Future Family Limited Partnership.
2. Two (2) copies of the Affidavit of Capital Contributions.
3. A copy of the Certificate issued by the Department of State certifying the existence of Landscape Design Concepts, Inc. as a Florida Corporation. Landscape Design Concepts, Inc. being the General Partner herein.
4. My check payable to the Department in the sum of One Thousand, Eight Hundred Thirty-seven and 60/100 (\$1,837.50) representing the following:  
\$1,750.00 Filing Fee  
35.00 Resident Agent Fee  
52.50 Certified Copy Fee.

Please see that the Partnership is properly filed and thereafter return to my attention a certified copy of the Certificate of Limited Partnership in the enclosed Federal Express envelope.

Any questions should be directed to my attention and further correspondence likewise should come to this office. Thank you for your anticipated cooperation.

Sincerely yours,

Jeffrey R. Miner

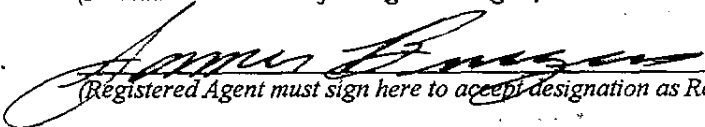
JRM/cp

Enclosures

02 DEC -4 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP**

1. **FUTURE FAMILY LIMITED PARTNERSHIP**  
(Name of Limited Partnership: must contain suffix such as "Limited", "Ltd." or "Limited Partnership")
2. **18880 JOLSON AVENUE, #3, BOCA RATON, FLORIDA 33496**  
(Business Address of Limited Partnership)
3. **JAMES BURGESS**  
(Name of Registered Agent for Service of Process)
4. **18880 JOLSON AVENUE, #3, BOCA RATON, FLORIDA 33496**  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. **18880 JOLSON AVENUE, #3, BOCA RATON, FLORIDA 33496**  
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is:  
**DECEMBER 3<sup>rd</sup>, 2032**
8. Name of the General Partner: **LANDSCAPE DESIGN CONCEPTS, INC., a Florida Corporation**  
Street Address: **18880 Jolson Avenue, #3  
Boca Raton, FL 33496**

P62-109064

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 21 day of Nov, 2002

Signature of all general partners:

**LANDSCAPE DESIGN CONCEPTS, INC.**

By:   
**JAMES BURGESS, President (General Partner)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

*The undersigned constituting all of the general partners of:  
FUTURE FAMILY LIMITED PARTNERSHIP,*

*a Florida Limited Partnership certify:*

*The amount of capital contributions to date of the limited partners is:*  
\$693,000.00

*The total amount contributed and anticipated to be contributed by the limited partners at this  
time:*  
\$693,000.00

Signed this 21 day of Nov, 2002

Signature of all general partners:

LANDSCAPE DESIGN CONCEPTS, INC.

By: 

JAMES BURGESS, President (General Partner)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of November 2002 by JAMES BURGESS, as President of Landscape Design Concepts, Inc., General Partner of Future Family Limited Partnership, who produced a State of Florida Driver's License as identification and who did take an oath.

  
Notary Public, State of Florida

My Commission Expires:

