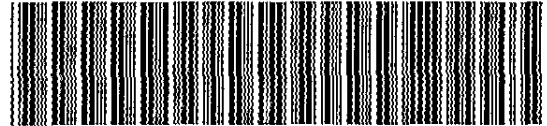


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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07/07/03--01054--025 **1000.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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LAW OFFICES

AMARI & THERIAC, P.A. FILED

Attorneys and Counselors At Law

Reply to: Cocoa Post Office Box

Richard S. Amari
Bradly Roger Bettin, Sr.
Charlie Crawford
Alan S. Diamond
Mitchell S. Goldman
J. Wesley Howze
Mary E. Lytle
David R. Martin
Stephan C. Mays
Matthew J. Monaghan
Kendall Moore
David M. Presnick
Charles R. Steinberg
James S. Theriac, III

Of Counsel: W. Robert Sherry

03 JUL -7 PM 2:51
Mariner Square
26 Willard Street, Suite 302
Post Office Box 1807
Cocoa, Florida 32923-1807
Telephone (321) 639-1320
Fax (321) 639-6690

Imperial Plaza
Suite B104
6769 N. Wickham Road
Melbourne, Florida 32940
Telephone (321) 259-6611
Fax (321) 259-6624

July 3, 2003

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Lake Point Family Partnership, Ltd.

Our File No.: 02-0424

Dear Sir or Madam:

Enclosed for filing is the original Certificate of Limited Partnership and Statement of Qualification for Florida Limited Liability for the above named limited partnership. Also, enclosed is our client's check made payable to, Florida Secretary of State in the amount of \$1816.25 to cover the following:

Certificate of Limited Partnership	\$1,800.00
Statement of Qualification	25.00
Certificate of Status	8.75
Registered Agent Designation	<u>35.00</u>
Total Fees	\$1868.75

Please return a certified copy to the undersigned at the post office box noted above. If you have any questions concerning the foregoing, please call me at 321-639-1320.

Sincerely,

AMARI & THERIAC, P.A.

By: 
Matthew J. Monaghan, Esquire

MJM/lac
Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

OF

LAKE POINT FAMILY PARTNERSHIP, LLLP

FILED

03 JUL -7 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


The undersigned, desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act and being duly sworn does certify as follows:

1. The name of the limited partnership is:

LAKE POINT FAMILY PARTNERSHIP, LLLP
2. The business address of the limited partnership is:

925 A1A, #205
Satellite Beach, Florida 32937-2343
3. The name of the Registered Agent of the limited partnership is:

William Hyman
4. The Florida street address of the Registered Agent for Service of Process is:

925 A1A, #205
Satellite Beach, Florida 32937-2343
5. 
By signing here I agree to accept designation as
Registered Agent for Service of Process.
6. The mailing address of the limited partnership is:

925 A1A, #205
Satellite Beach, FL 32937-2343
7. The latest date upon which the limited partnership is to be dissolved is:

April 1, 2033
8. Names and addresses of the general partner:

William Hyman, Trustee of the William Hyman April 10, 2003 Trust
925 A1A, #205
Satellite Beach, FL 32937-2343

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

Signed this 1st day of July, 2003.

FILED
03 JUL -7 PM 3:54
TALLAHASSEE, FLORIDA

GENERAL PARTNER:

William Hyman
William Hyman, Trustee of the William
Hyman April 10, 2003 Trust

AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned, being the trustee of the **William Hyman April 10, 2003 Trust** which is the General Partner of the **LAKE POINT FAMILY PARTNERSHIP, LLLP.**, a Florida limited liability limited partnership, hereby certifies that the limited partners of the Partnership will be contributing certain property to the Partnership, the value of which is \$5,000,000. A total capital contribution of \$5,000,000 is anticipated.

Signed this 1st day of July, 2003.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

GENERAL PARTNER:

William Hyman
William Hyman, Trustee of the William
Hyman April 10, 2003 Trust