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(City/State/Zip/Phone #)

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(Business Entity Name)

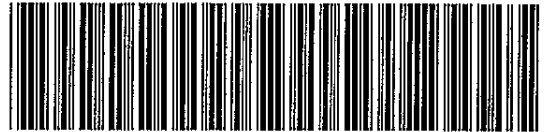
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2003 SEP -9 AM 11:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP. 11 2003

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WASSERMAN, P.A.

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☐ REPLY TO HOLLYWOOD OFFICE

VIA FEDERAL EXPRESS

September 8, 2003

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Department of State:

Enclosed herewith please find the original Certificate of Limited Partnership of Trisha Ten Broeck Insurance Agency, Ltd. Enclosed herewith please also find check number 10313 in the amount of ninety-six dollars and twenty-five cents made payable to the Florida Department of State Division of Corporations with respect to the filing fee in this matter. Accordingly, we respectfully request a Certificate of Status to be returned to us in the enclosed self-addressed stamped envelope.

Thank you for your time and consideration in this matter.

Very truly yours,

RAYMOND A. PICCIN, ESQUIRE

RAP/lif

Enclosure

FILED  
2003 SEP -9 AM 11:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**of**  
**TRISHA TEN BROECK INSURANCE AGENCY, LTD.**

Pursuant to Section 620.108 of the Florida Statutes, the following statement is  
made:

1. The name of the Limited Partnership is:

**TRISHA TEN BROECK INSURANCE AGENCY, LTD.**

2. The address of the office and the name and address of the agent for service  
of process required to be maintained by Section 620.105 of the Florida Statutes is:

TRISHA TEN BROECK-CONO  
1946 N.E. 5th Avenue  
Boca Raton, FL 33431

3. The name and business address of the General Partner is:

TRISHA TEN BROECK INSURANCE AGENCY, INC. #P00000044308  
1946 N.E. 5th Avenue  
Boca Raton, FL 33431

4. The mailing address for the Limited Partnership is:

TRISHA TEN BROECK INSURANCE AGENCY, LTD.  
1946 N.E. 5th Avenue  
Boca Raton, FL 33431

5. The latest date upon which the Limited Partnership is to dissolve is  
December 31, 2050.

UNDER PENALTIES OF PERJURY, I hereby attest that I have read the foregoing  
and that the facts as alleged herein are true and accurate.

By: 

TRISHA TEN BROECK INSURANCE AGENCY,  
INC. by TRISHA TEN BROECK-CONO as its  
President and Authorized Representative

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2003 SEP -9 AM 11:21  
JENNIFER CORPORATION  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA     }  
                                     }  
COUNTY OF               }

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared TRISHA TEN BROECK-CONO as President and Authorized Representative of TRISHA TEN BROECK INSURANCE AGENCY, INC., the General Partner of TRISHA TEN BROECK INSURANCE AGENCY, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership, and acknowledged before me that she executed the same. She is personally known to me and she took an oath.

*2nd* **WITNESS** my hand and official seal in the County and State last aforesaid this day of *September*, 2003.



Raymond Piccin  
My Commission DD109056  
Expires April 15, 2008

Notary Public

Type/Print or Stamp Name of Notary

BOB\KEYBOARD(client dir)\LPS.CER

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ALLAN H. HOFFMAN & ASSOCIATES, P.A.  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP AFFIDAVIT**  
**of**  
**TRISHA TEN BROECK INSURANCE AGENCY, LTD.**

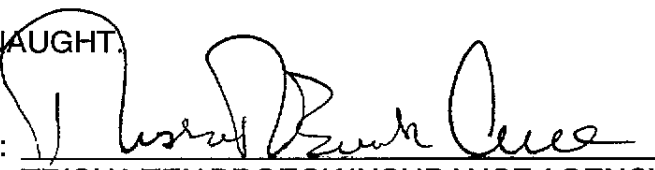
STATE OF FLORIDA        }  
                                  }  
COUNTY OF PALM BEACH    }

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2003 SEP -9 AM 11:21  
JAMES W. CORPORACTIONS  
TALLAHASSEE, FLORIDA

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of TRISHA TEN BROECK INSURANCE AGENCY, LTD.
2. The amount of the original capital contributions of the Limited Partners is \$99.00. The additional amount anticipated to be contributed by the Limited Partners at this time is \$0.


FURTHER AFFIANT SAYETH NAUGHT.

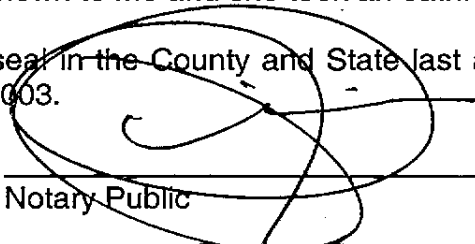
By:   
TRISHA TEN BROECK INSURANCE AGENCY, INC. by TRISHA TEN BROECK-CONO as its President and Authorized Representative

STATE OF FLORIDA        }  
                                  }  
COUNTY OF                }

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared TRISHA TEN BROECK-CONO as President and Authorized Representative of TRISHA TEN BROECK INSURANCE AGENCY, INC., the General Partner of TRISHA TEN BROECK INSURANCE AGENCY, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership, and acknowledged before me that she executed the same. She is personally known to me and she took an oath.

*and* **WITNESS** my hand and official seal in the County and State last aforesaid this day of SEPTEMBER, 2003.

 Raymond Piccin  
My Commission DD109055  
Expires April 15, 2006

  
\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Type/Print or Stamp Name of Notary