

JUL-27-2004 TUE 03:58 PM Murai Wald Biondo
Division of Corporations

FAX NO. 305 358-9490

P. 01/05

Page 1 of 1

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Florida Department of State
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Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
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04 JUL 27 PM 4:

DIVISION OF CORPORA

FLORIDA LIMITED PARTNERSHIP

Lecesse Fund Gp Limited Partnership

Certificate of Status	0
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JUL-27-2004 TUE 03:59 PM Murai Wald Biondo

FAX NO. 305 358 8480

P. 02/05
#002

Fax Audit No: H040001549213

THIS INSTRUMENT PREPARED BY:
Gerald J. Biondo, Esq.
FL Bar #: 154713
Murai Wald Biondo & Moreno P.A.
25 Southeast Second Avenue, Suite 900
Miami, Florida 33131
(305) 358-5900

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LECESSE FUND GP LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership, pursuant to the laws of the state of Florida, certify as follows:

1. The name of the Partnership is **LECESSE FUND GP LIMITED PARTNERSHIP**.

2. The principal place of business and mailing address of the Partnership is 2221 Lee Road, Suite 28, Winter Park, Florida 32789.

3. The name and principal place of business of the General Partner is as follows:

General Partner: LeCesse Fund GP, Inc.
2221 Lee Road
Suite 28
Winter Park, Florida 32789

4. The term for which the Partnership is to exist is from the date of the Certificate of Limited Partnership is issued by the Secretary of State, through December 31, 2050, unless sooner terminated.

5. The amount of property initially contributed by the Limited Partnership is \$100.00

6. The Limited Partner is not required to contribute any additional capital to the Partnership.

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Fax Audit No: H04000154921 3

JUL-27-2004 TUE 03:59 PM Murai Wald Biondo

FAX NO. 305 358 9490

P. 03/05

Fax Audit No: H04000154921 3

7. The name and address of the Registered Agent for service of process is:

Gerald J. Biondo
Murai, Wald, Biondo, Moreno & Brochin, P.A.
900 Ingraham Building
25 SE 2nd Avenue
Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned, being duly sworn, have certified, sworn to and agreed to the foregoing this 27th day of July, 2004.

GENERAL PARTNER:

**LECESSE FUND GP LIMITED PARTNERSHIP, a
Florida limited partnership**

**BY: LECESSE FUND GP, INC., a
Florida corporation, its
general partner**

By: Frank K. Grosch
Frank K. Grosch

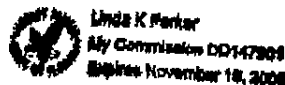
STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 27 day of July, 2004 by Frank K. Grosch, as V.P. of **LECESSE FUND GP, INC., a Florida corporation, the general partner of LECESSE FUND GP LIMITED PARTNERSHIP, a Florida limited partnership on behalf of the partnership. He is personally known to me or has produced _____ as identification.**

Linda K. Parker
NOTARY PUBLIC, STATE OF FLORIDA
Print Name: LINDA K. PARKER
Commission No.: _____

My Commission expires:



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04 JUL 27 PM 11:57

Fax Audit No: H04000154921 3

JUL-27-2004 TUE 04:00 PM Murai Wald Biondo

FAX NO. 305 358 9480

P. 04/05

Fax Audit No: HD4000154921 3

**CERTIFICATE OF REGISTERED AGENT
OF
LECESSE FUND GP LIMITED PARTNERSHIP**

In pursuance of Chapter 620.105, Florida Statutes, the following is submitted, in compliance with said Act:

That **LECESSE FUND GP LIMITED PARTNERSHIP** desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Certificate of Limited Partnership, at the City of Winter Park, County of Orange, State of Florida, has named Gerald J. Biondo, 900 Ingraham Building, 25 SE 2nd Avenue, Miami, Florida 33131, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Dated this 27 day of July, 2004.


Gerald J. Biondo

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04 JUL 27 AM 11:57

Fax Audit No: 04000154921 3

JUL-27-2004 TUE 04:00 PM Murai Wald Biondo

FAX NO. 305 358 9490

P. 05/05
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Fax Audit No: H04000154921 3

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared FRANK K. GROSCH, who being duly sworn deposes and states as follows:

1. That he is the Vice President of LeCesse Fund GP, Inc., the sole general partner of LeCesse Fund GP Limited Partnership.
2. That the amount of capital contributions contributed by the limited partner is \$ 100⁰⁰, which amount is the total amount anticipated to be contributed by the limited partners.
3. Further Affiant sayeth naught.


Frank K. Grosch

STATE OF FLORIDA

COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 27 day of July, 2004 by _____, who is personally known to me or who has produced _____ as identification.


NOTARY PUBLIC, STATE OF FLORIDA

Print Name: LINDA L. PARKER

Commission No.: _____

My Commission expires:



Linda K Parker
My Commission DD147001
Expires November 10, 2006

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DIVISION OF CORPORATIONS

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