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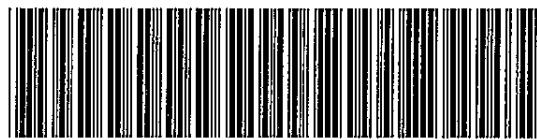
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J. BRYAN SEP -9 2004



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 879779 11758A

AUTHORIZATION : *Patricia Pigott*

COST LIMIT : \$ 175.00

*175.00*

ORDER DATE : September 9, 2004

ORDER TIME : 1:25 PM

ORDER NO. : 879779-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq  
Doumar Allsworth Cross  
Laystrom Perloff Voigt Wachs M  
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE DICKERSON INVESTMENTS  
LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908  
EXAMINER'S INITIALS: \_\_\_\_\_

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CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE DICKERSON INVESTMENTS LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of ~~THE~~  
DICKERSON INVESTMENTS LIMITED PARTNERSHIP, a Florida Limited  
partnership, hereby files its Certificate of Limited Partnership in  
accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE DICKERSON INVESTMENTS  
LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

701 East Commercial Blvd.  
Third Floor  
Fort Lauderdale, FL 33334

3. Name and addresses of the agent for the service  
of process on the Partnership is.

JEFFREY S. WACHS, ESQ.  
1177 SE Third Avenue  
Ft. Lauderdale, FL 33316

4. Name and business address of the General Partner is.

Rachel E. Dickerson  
701 East Commercial Blvd.  
Third Floor  
Fort Lauderdale, FL 33334

5. Mailing address of the Partnership is.

THE DICKERSON INVESTMENTS  
LIMITED PARTNERSHIP  
c/o Rachel E. Dickerson  
General Partner  
701 East Commercial Blvd.  
Third Floor  
Fort Lauderdale, FL 33334

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157 of the Florida Statute, however, no later than December 31, 2054.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of THE DICKERSON INVESTMENTS LIMITED PARTNERSHIP, this 31<sup>st</sup> day August, 2004.

GENERAL PARTNER(S) :

Rachel E. Dickerson  
By: RACHEL E. DICKERSON

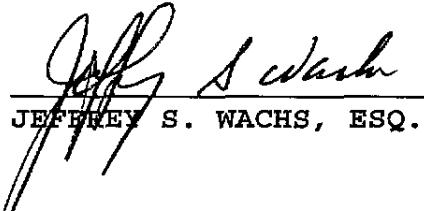
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE DICKERSON INVESTMENTS LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

  
\_\_\_\_\_  
JEFFREY S. WACHS, ESQ.

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned authority, personally appeared **RACHEL E. DICKERSON**, the General Partner of **THE DICKERSON INVESTMENTS LIMITED PARTNERSHIP**, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

DATED this 31<sup>st</sup> day of August, 2004.

*Rachel E. Dickerson*  
RACHEL E. DICKERSON

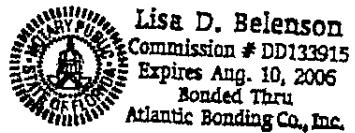
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STATE OF FLORIDA )  
COUNTY OF BROWARD )  
SS: )

SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by RACHEL E. DICKERSON, who appeared personally before me and took  
an oath, who is personally known to me or who produced \_\_\_\_\_  
as identification, on this  
31st day of August, 2004.

Lisa D. Belenson  
Notary Public, State of Florida  
Print Name: Lisa D. Belenson  
My Commission Number: ~~EC765902~~ DD133915  
My Commission Expires: ~~8/10/02~~ 8/10/06

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