

Certificate of Limited Partnership

A04000001628
FILED
October 15, 2004
Sec. Of State
dcushing

Name of Limited Partnership:

EAST COAST J&B LTD

Business Address of Limited Partnership:

5985 S. UNIVERSITY DR.
SUITE 103
DAVIE, FL. US 33328

Mailing Address of Limited Partnership:

C/O MJM FINANCIAL PLANS, INC.
5985 S. UNIVERSITY DR., SUITE 103
DAVIE, FL. US 33328

The name and Florida street address of the registered agent is:

SANDRA NELSON
2740 S. OAKLAND FORREST DR.
UNIT 1102
OAKLAND PARK, FL. 33309

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SANDRA NELSON

The latest date upon which the Limited Partnership is to be dissolved is:

10/15/2029

The name and address of all general partners are:

Title: G
MJM FINANCIAL PLANS, INC.
5985 S. UNIVERSITY DR., SUITE 103
DAVIE, FL. 33328 US

The effective date for this Limited Partnership shall be:

10/15/2004

**Affidavit of Capital Contributions
For Florida Limited Partnership**

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The undersigned constituting all of the general partners of:
EAST COAST J&B LTD

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:
500.00

The total amount contributed and anticipated to be contributed by the
limited partners at this time totals:
500.00

Signed this Fifteenth day of October, 2004

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

General Partner Signature: BONNIE TOMPKINS, PRESIDENT