

A050000000428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/25/05--01027--022 **1846.25

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05 FEB 25 AM 11:23
SEC. OF STATE
TALLAHASSEE, FLORIDA

02-28-05

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed are the completed CERTIFICATE OF LIMITED PARTNERSHIP and
AFFIDAVIT OF CAPITAL CONTRIBUTION FOR FLORIDA LIMITED
PARTNERSHIP for the HEMLEPP FAMILY LIMITED PARTNERSHIP.

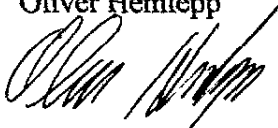
Also enclosed a check in the amount of \$1,846.25 for the following:

Filing Fee: \$1,750.00
Designation of a registered agent: \$35.00
One certified copy: \$52.50
One certificate: \$8.75

The contact person and the person to which the acknowledgment should be sent is:

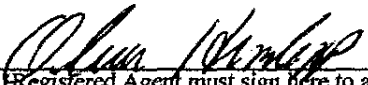
Oliver Hemlepp
6155 NW 32 AE
Boca Raton, FL 33496-3369
Phone: 561-271-0788

Thank you,
Oliver Hemlepp



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. HEMLEPP FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 6155 NW 32 AVE, BOCA RATON, FL 33496
(Business address of Limited Partnership)
3. OLIVER HEMLEPP
(Name of Registered Agent for Service of Process)
4. 6155 NW 32 AVE, BOCA RATON, FL 33496
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 6155 NW 32 AVE, BOCA RATON, FL 33496
(Mailing Address of the Limited Partnership)

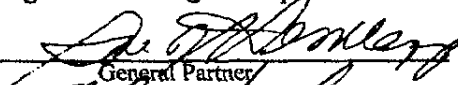
7. The latest date upon which the Limited Partnership is to be dissolved is: 02/21/2030
8. Name(s) of general partner(s): _____ Street address: _____


<u>SALLY HEMLEPP</u>	<u>6155 NW 32 AVE, BOCA RATON, FL 33496</u>
<u>OLIVER HEMLEPP</u>	<u>6155 NW 32 AVE, BOCA RATON, FL 33496</u>
_____	_____

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

Signed this 21st day of FEBRUARY, 2005

Signature of all general partners:


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

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CLERK OF COURT
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of HEMLEPP FAMILY
LIMITED PARTNERSHIP,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 2,134,286.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 7,000,000.00.

Signed this 21st day of FEBRUARY, 2005.

FURTHER AFFIANT SAYETH NOT.

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


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

SECRET
TALLAHASSEE, FLORIDA

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