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ACCOUNT NO. : 072100000032 REFERENCE : 424485 11,758A AUTHORIZATION : COST LIMIT : \$ 140.00 ORDER DATE: June 13, 2005 ORDER TIME : 2:22 PM ORDER NO. : 424485-005 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 MACINNES FAMILY REAL ESTATE LIMITED PARTNERSHIP EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP

<u>OF</u>

THE MACINNES FAMILY REAL ESTATE LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE MACINNES FAMILY REAL ESTATE 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 MACINNES FAMILY REAL ESTATE LIMITED PARTNERSHIP
- 2. The address of the office of the Partnership is.

6561 NE 20 Way Ft. Lauderdale, FL 33308

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

JEFFREY S. WACHS, ESQ. 1177 S.E. 3rd Avenue Fort Lauderdale, FL 33316

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

Malcolm G. MacInnes, II and Marcela MacInnes 6561 NE 20 Way Ft. Lauderdale, FL 33308

5. Mailing address of the Partnership is.

THE MACINNES FAMILY REAL ESTATE LIMITED PARTNERSHIP c/o Malcolm G. MacInnes, II and Marcela MacInnes General Partners 6561 NE 20 Way Ft. Lauderdale, FL 33308

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, 2055.

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

IN WITNESS WHEREOF, the undersigned have duly executed this Certificate of Limited Partnership of THE MACINNES FAMILY REAL ESTATE LIMITED PARTNERSHIP, this Jo day June , 2005.

GENERAL PARTNER(S):

By: MALCOLM G. MACINNES, II

By: MARCELA MACINNES

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for <u>THE MACINNES FAMILY</u>

<u>REAL ESTATE LIMITED PARTNERSHIP</u>, 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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared MALCOLM G. MACINNES, II and MARCELA MACINNES, the General Partners of THE MACINNES FAMILY REAL ESTATE 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, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 2 day of June , 2005.

MALCOLM G. MACINNES, IT STATES

MARGELA MACINNES

STATE OF FLORIDA)	
COUNTY OF BROWARD SS:	
by MALCOLM G. MACINNES, II, wh	refore me, the undersigned authority, no appeared personally before me and ally known to me or who produced as identification,
Lisa D. Belenson Commission # DD133915 Expires Aug. 10, 2006 Bonded Thru Atlantic Bonding Co., Inc.	Notary Public, State of Florida Print Name: LiSa D. Belenson Commission Number: DD 133915 My Commission expires: 81000
STATE OF FLORIDA) SS: COUNTY OF BROWARD)	
SWORN TO AND SUBSCRIBED by MARCELA MACINNES, who appea oath, who is personally known 2nd day of fune	efore me, the undersigned authority, red personally before me and took an to me or who produced as identification, on this, 2005.
Lisa D. Belenson Commission # DD133915 Expires Ang. 10, 2006 Bonded Thru Atlantic Bonding Co., Inc.	Notary Public, State of Florida Print Name: LISG D. Belenson Commission Number: DO 133915 My Commission expires: \$1006

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