

405 0000 01754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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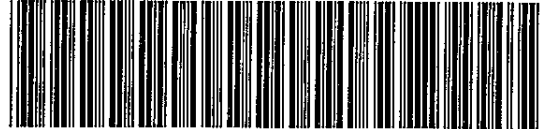
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/16/05
WHS

2500 N. Military Trail # 260, Boca Raton, Florida 33431
Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein, Levy &
Helmer, PA**

September 6, 2005

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: REDWING LIMITED PARTNERSHIP

We are enclosing a check in the amount of \$87.50 as filing fees for the Florida Limited Partnership. The Transmittal Letter and Articles of Incorporation are filled out and signed, as is the Certificate of Limited Partnership.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

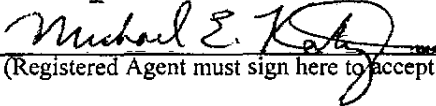
Barbara P. Schwartz

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. REDWING LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 9100-C BOCA GARDENS PARKWAY, BOCA RATON, FL 33496
(Business address of Limited Partnership)
3. MICHAEL E. KATZ
(Name of Registered Agent for Service of Process)
4. 9100-C BOCA GARDENS PARKWAY, 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. 9100-C BOCA GARDENS PARKWAY, BOCA RATON, FL 33496
(Mailing Address of the Limited Partnership)

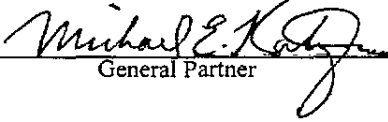
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2009
8. Name(s) of general partner(s): _____ Street address: _____

<u>MICHAEL E. KATZ</u>	<u>9100-C BOCA GARDENS PARK</u>
_____	<u>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 2 day of September, 2005.

Signature of all general partners:

<u></u>	_____
General Partner	General Partner
_____	_____
General Partner	General Partner
_____	_____
General Partner	General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____
REDWING LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1000.00.

Signed this 2 day of September, 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

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TALLAHASSEE, FLORIDA

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