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2006 MAR 23 P 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JOEL REINSTEIN

LAW OFFICES
OF
JOEL REINSTEIN, P.A.
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BOCA RATON, FLORIDA 33432

FILED
TELEPHONE (561) 393-6714
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March 22, 2006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEDERAL EXPRESS-PRIORITY

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Michael S. Jacobs Family Limited Partnership

Dear Sir:

Enclosed please find the following documents for filing regarding the above limited partnership:

1. Certificate of Limited Partnership.
2. Acceptance of Appointment as Registered Agent.

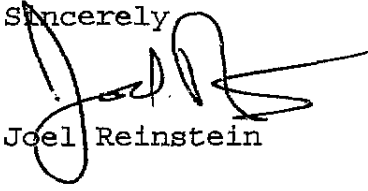
Also enclosed is a check in the amount of \$1,008.75 representing the filing fee of \$1,000, which amount includes the \$35 registered agent fee and \$8.75 for a Certificate of Status.

We have also enclosed a copy of each of the above documents. Please return a stamped filed copy to the undersigned in the enclosed overnight envelope along with the Certificate of Status.

Please contact the undersigned if you have any questions.

Thank you for your cooperation in this matter.

Sincerely


Joel Reinstein

Enclosures-check

cc: Mr. Michael S. Jacobs
Gerald R. Lewin, C.P.A.
Marc H. List, J.C., C.P.A.

State-MSJ-FLP.ltr

CERTIFICATE OF LIMITED PARTNERSHIP
MICHAEL S. JACOBS FAMILY LIMITED PARTNERSHIP
A FLORIDA LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner desiring to form a partnership pursuant to the Florida Revised Uniform Partnership Act of 2005, as amended, as set forth in Chapter 627 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is MICHAEL S. JACOBS FAMILY LIMITED PARTNERSHIP.

2. The address of the initial designated office of the Partnership is 225 Mizner Boulevard, Suite 750, Boca Raton, FL 33432.

3. The name and address of the Registered Agent for service of process of the Partnership is Michael S. Jacobs, 225 Mizner Boulevard, Suite 750, Boca Raton, FL 33432.

4. The name and business address of the General Partner is: MICHAEL S. JACOBS FAMILY CORP., 225 N.E. Mizner Boulevard, Suite 750, Boca Raton, FL 33432. ~~206-40654~~

5. The mailing address of the Partnership is 225 N.E. Mizner Boulevard, Suite 750, Boca Raton, FL 33432.

6. The Partnership shall have perpetual duration.

This Certificate is duly executed and is being filed in accordance with Section 620.1201 of the Florida Revised Uniform Limited Partnership Act of 2005, as amended.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of MICHAEL S. JACOBS FAMILY LIMITED PARTNERSHIP this 22 day of 2006, 2006.

MICHAEL S. JACOBS FAMILY LIMITED
PARTNERSHIP

By: MICHAEL S. JACOBS FAMILY CORP.
General Partner

By: 
Michael S. Jacobs, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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Having been named as registered agent for MICHAEL S. JACOBS
FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the
"Partnership") in the foregoing Certificate of Assent, I, Michael S. Jacobs,
Partnership, I, on behalf of the Partnership, hereby agree to
accept service of process for said Partnership and to comply with
any and all statutes relative to the complete and proper
performance of the duties of the registered agent.


Michael S. Jacobs