

A060600000735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

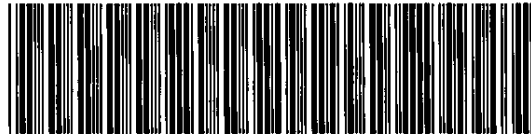
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RECEIVED
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TELETYPE
DIVISION
TALLAHASSEE, FLORIDA

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2006 JUN -6 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 153826 5030952

AUTHORIZATION :

COST LIMIT : \$ PPD

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 5, 2006

ORDER TIME : 9:37 AM

ORDER NO. : 153826-005

CUSTOMER NO: 5030952

DOMESTIC FILING

NAME: MI INVESTMENT, LTD

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT

Please give original
submission date as file date.

June 5, 2006

CINDY HARRIS
CSC
TALLAHASSEE, FL

SUBJECT: MI INVESTMENTS, LTD.
Ref. Number: W06000025578

RECEIVED
06 JUN - 6 AM 10:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MI INVESTMENTS, LTD. and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 206A00038625

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

6/6/06

Name changed

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP**

1. The name of the Limited Partnership is:

MI OCEAN INVESTMENTS, LTD.

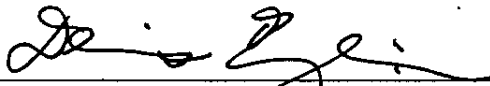
2. The Street Address and Mailing Address of the Initial Designated Office of the Limited Partnership is:

One South Ocean Boulevard, Suite 204
Boca Raton, Florida 33432

3. The Name and Florida Street Address of the Registered Agent for Service of Process is:

DENNIS J. EISINGER, ESQ.
4000 Hollywood Boulevard
Suite 265-S
Hollywood, Florida 33021

4. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Signature of Registered Agent)

5. The Name and Business Address of each General Partner is:

MI, LLC, a Florida limited liability company
Attention: Mark Isсенman, Managing Member
One South Ocean Boulevard, Suite 204
Boca Raton, Florida 33432

L06000055899

Signed this 1ST day of JUNE, 2006.

Signature of each General Partner:

MI, LLC, a Florida limited liability company



By: _____
MARK ISSENMAN, Managing Member

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TALLAHASSEE, FLORIDA