

A 18000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

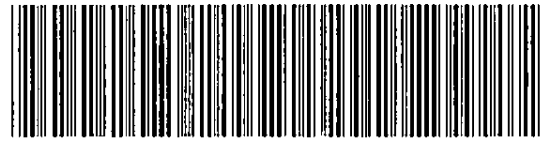
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000430975180

LP 18000

Requestor's Name: Susan M. List

Address: 417 SW 15 ST

City: FIELD State: FL ZIP: 33315 Phone #: (305) 463-9724

VALIDATION ONLY

005 9937 10/03/84

005 9937 10/03/84

005 9937 10/03/84

CORPORATION(S) NAME

ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP

FILED
 OCT 5 2 40 PM '84
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- PROFIT
- NON-PROFIT
- FOREIGN
- LIMITED PARTNERSHIP
- REINSTATEMENT
- CERTIFIED COPY
- WALK IN
- AMENDMENT
- DISSOLUTION
- ANNUAL REPORT
- OTHER
- PHOTO COPIES
- WILL WAIT
- MERGER
- MARK
- RESERVATION
- CERTIFICATE UNDER SEAL
- PICK UP
- MAIL OUT
- CALL
- AFTER 4:30

T.C. # 906.00

C. TAX _____

FILING 30

R. AGENT FEE _____

C. COPY 30

TOTAL 60

N. BANK _____

BALANCE DUE _____

REFUND _____

Name	<u>ED</u>
Availability	<u>10-3-84</u>
Document Examiner	<u>TLL 2/C</u>
Updater	<u>10/3/84</u>
Updater Verifier	<u>TLL</u>
Acknowledgment	<u>TLL</u>
W.P. Verifier	<u>TLL</u>

FILED

ANTONELLI AND BOINIS ASSOCIATES

OCT 1 2 40 PM '84

LIMITED PARTNERSHIP CERTIFICATE OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP

We, the undersigned parties, having heretofore formed a partnership pursuant to the laws of the State of Florida, do hereby certify this first day of October, 1984, to this Certificate of Limited Partnership, is sworn to as follows:

I. The name of the partnership is ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP, (the "Partnership").

II. The character of the business of the Partnership shall be the ownership and development of real property and all related activities.

III. The principal office and place of business of the Partnership shall be located at 721 U.S. Highway 1, Suite 212, North Palm Beach, Florida 33408. The resident agent of the partnership shall be Peter Boinis, at that address. The Partnership may have such other or additional offices as the general partners, in their sole discretion, shall consider advisable.

IV. The name and address of each general partner and of each limited partner and the percentage of partnership interest of each partner are shown on Exhibit A attached hereto and incorporated by reference herein. Unless named in this Agreement or unless admitted to the Partnership as provided in this Agreement, no person shall be considered a partner, and any person having business with the Partnership need deal only with the partners so named or so admitted. The general partners, in their capacity as general partners, shall have the right, power and authority (without regard to the term of the Partnership), acting for and on behalf of the Partnership, to purchase, lease, sublease, sell, mortgage, convey, refinance, grant easements on, or dedicate

the property (or any part thereof) of the Partnership, to borrow money and execute promissory notes, to secure the same by mortgage (which term "mortgage" is hereby defined for all purposes of the Partnership Agreement (the "Agreement") and this Certificate to include deeds of trust, financing statements, chattel mortgages, pledges, conditional sales contracts, and similar security agreements) upon such partnership property, to renew or extend any and all such loans or notes, to convey such partnership property in fee simple by deed, mortgage, deed of trust or otherwise, and to create straw corporations to act as straw parties and nominees solely for and on behalf of the Partnership. Every deed, trust deed, mortgage, deed of trust, financing statement, lease, sublease, lease amendment, contract, letter of intent, commitment, certificate, representation, warranty, promissory note or any other instrument which the general partners are authorized and empowered to execute in the name and on behalf of the Partnership shall be valid and binding on the Partnership and all of its partners if signed by either General Partner. In no event shall any party dealing with such general partners (or any of them) with respect to any property of the Partnership, or to whom any such property (or any part thereof) shall be conveyed, contracted to be sold, leased, subleased, mortgaged or refinanced by such general partners (or any of them), be obligated to see the application of any purchase money, rent or money borrowed or advanced thereon, or be obligated to inquire into the necessity or expediency of any act or action of such general partner or partners or be obligated or privileged to inquire into the authority of the general partners or either of them, to perform any such act, and every contract, agreement deed, trust deed, mortgage, deed of trust, financing statement, lease, sublease, promissory

note, lease amendment, letter of intent, commitment, certificate representation, warranty or other instrument or document executed by either General Partner in the manner set forth above with respect to any property of the Partnership shall be conclusive evidence in favor of any and every person relying thereon or claiming thereunder that (i) at the time or times of the execution and/or delivery thereof, the limited partnership created by the Agreement and Certificate was in full force and effect, (ii) such instrument or document was duly executed in accordance with the terms and provisions of the Agreement and Certificate or an amendment thereof and is binding upon the Partnership and all of the partners thereof, and (iii) such General Partner was duly authorized and empowered to execute and deliver any and every such instrument or document in the name and on behalf of the Partnership.

V. The term of the Partnership shall commence upon filing with the Secretary of State of the State of Florida, and shall continue until December 31, 2058, upon which date the Partnership shall automatically terminate, unless, the term is earlier terminated or extended pursuant to the Agreement of Limited Partnership.

VI. The initial capital contributions of the limited partners are set forth on Schedule A.

VII. No limited partner shall be required to make any additional capital contribution beyond the amount set forth opposite his name on Schedule A, except as required by the Agreement of Limited Partnership.

VIII. A limited partner shall be entitled to the return of his capital contribution:

(A) to the extent provided in Article 6 of the Agreement in the case of dissolution and winding up of the Partnership; or

(8) on or after the termination date, upon ninety (90) days' notice by such limited partner to all other partners, provided the assets of the Partnership are then sufficient to cover all of its liabilities, including liabilities to partners on account of their capital contributions.

IX. Each limited partner shall receive, by reason of his capital contribution, the share of the Partnership profits or compensation by way of income which is equal to the percentage of partnership interest set forth opposite his name on Schedule A.

X. The assignee of a limited partnership interest shall become a substituted limited partner if (i) the assigning limited partner so provides in the instrument of assignment, (ii) the assignee agrees in writing to be bound by the provisions of the Agreement and this Certificate (and any amendments thereof), (iii) the written consent of the general partners thereto is obtained and (iv) the assignee pays to the general partners a reasonable fee, to be determined by the general partners, to cover the cost of preparation, execution and recordation of an amendment to this Certificate.

XI. The general partners have the right to admit additional limited partners only with the unanimous consent of all partners.

XII. No limited partner shall have priority over other limited partners, as to repayment of capital contributions or as to compensation by way of income.

XIII. In the event of the dissolution, death, retirement, incompetency or bankruptcy of a general partner, it is provided

hereby and in the Agreement that the Partnership shall not be dissolved but shall be continued, if the remaining general partner(s) so elect.

XIV. No limited partner shall have any right to demand or receive property, in lieu of cash, in return for his capital contribution. A limited partner's demand for the return of his capital contribution shall be for cash only.

XV. Each limited partner hereby appoints the general partners, or any of them, as his true and lawful attorney-in-fact, in such limited partner's name and behalf, to sign, certify under oath and acknowledge any and every such amendment to the Agreement and Certificate and to execute whatever further instruments may be requisite, where such amendment is necessary to reflect:

(i) a change in the name of the Partnership or in the amount or character of the contribution of any limited partner (including a change by reason of the return to any limited partner of all or any part of his capital account);

(ii) the substitution of a limited partner in accordance with the Agreement and Certificate;

(iii) the admission of additional limited partners by unanimous agreement of all partners;

(iv) the admission of a general partner by unanimous agreement of all partners;

(v) a change in the character of the business of the Partnership;

(vi) the correction or clarification of any incorrect statement in the Agreement and Certificate (or any amendment hereof);

(vii) the continuation of the business of the Partnership pursuant to the Agreement and Certificate upon the retirement, death, adjudication of insanity or bankruptcy of any of the general partners;

(viii) a change in the time stated in the Agreement and Certificate (or any amendment hereof) for the dissolution of the Partnership or for the return of the capital account of any limited partner; or

(ix) any other change or modification of the Agreement and Certificate (or any amendment hereof) made in order to represent accurately the agreement among the partners.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership as their free act and deeds, all as of the day and year first above written.

WITNESS:

Dona H. Forreca

Dona H. Forreca

Dona H. Forreca

Dona H. Forreca

Dona H. Forreca

MANAGING GENERAL PARTNER:

Peter Boinis
Peter Boinis

GENERAL PARTNER:

D.F. Antonelli, Jr.
D.F. Antonelli, Jr.

LIMITED PARTNERS:

D.F. Antonelli, Jr.
D.F. Antonelli, Jr.

Peter Boinis
Peter Boinis

Mitchell Blankstein
Mitchell Blankstein

SCHEDULE A

<u>Name and Address of Partner</u>	<u>Capital Contribution</u>	<u>Percentage of Interest</u>
MANAGING GENERAL PARTNER:		
Peter Boinis 721 U.S. Highway 1 Suite 212 North Palm Beach, Florida 33408	\$ 50.00	5%
GENERAL PARTNER:		
D.F. Antonelli, Jr. 10430 Kentsdale Drive Potomac, Maryland 20854	\$ 50.00	5%
LIMITED PARTNERS:		
Peter Boinis 721 U.S. Highway 1 Suite 212 North Palm Beach, Florida 33408	\$450.00	45%
D.F. Antonelli, Jr. 10430 Kentsdale Drive Potomac, Maryland 20854	\$400.00	40%
Mitchell Blankstein 10125 Sorrel Avenue Potomac, Maryland 20854	\$ 50.00	5%

District of Columbia: ss

I, G. M. Crosby, a Notary Public in and for the District of Columbia do hereby certify that Mitchell Blankstein who is personally well known to me personally appeared before me in said jurisdiction and acknowledged the execution of the foregoing Certificate of Limited Partnership to be his free act and deed.

Given under my hand and seal this 2nd day of Oct, 1984.

G. M. Crosby
Notary Public

My Commission Expires:

Oct 31, 1988

District of Columbia: ss

I, G. M. Crosby, a Notary Public in and for the District of Columbia do hereby certify that D.F. Antonelli, Jr. who is personally well known to me personally appeared before me in said jurisdiction and acknowledged the execution of the foregoing Certificate of Limited Partnership to be his free act and deed.

Given under my hand and seal this 2nd day of Oct, 1984.

G. M. Crosby
Notary Public

My Commission Expires:

Oct 31, 1988

District of Columbia: ss

I, G. M. Crosby, a Notary Public in and for the District of Columbia do hereby certify that Peter Boinis who is personally well known to me personally appeared before me in said jurisdiction and acknowledged the execution of the foregoing Certificate of Limited Partnership to be his free act and deed.

Given under my hand and seal this 2nd day of Oct, 1984.

G. M. Crosby
Notary Public

My Commission Expires:

Oct 31, 1988

IMPORTANT:

DUE DATE ON OR BEFORE JANUARY 1, 1985

LIMITED PARTNERSHIP
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

FILED
FEB 3 6 09 AM '85

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and instructions on Other Side Before Making Entries
Filing Fee Required - Make Checks Payable To: Secretary of State

1 Name and Mailing Address of Limited Partnership		2 Enter Change of Address of Limited Partnership	
A18000 ANTONELLI AND BOINIS ASSOCIATES LIMITED PA 721 U.S. HIGHWAY 1 SUITE 212 NORTH PALM BEACH, FLA. 33408		3300 University Dr., Suite 606	
Principal Street Address		3300 University Dr., Suite 606	
City		Coral Springs	
State		Florida	
Zip Code		33065	

3 Date Registered To Do Business in Florida 10/03/1984	4 State or Country of Formation FLORIDA, UNITED STATES OF AMERICA
---	--

5 Amount of Capital Contributions \$900.00	6 Name and Availability of Document Updater
CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE.	Name: [Blank] Availability: [Blank]

Filing fee is figured at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTION. But in no case shall the amount be less than \$30.00 nor more than \$250.00. For questions concerning capital contributions or filing fees please call (904) 488-8040.

7a Name and Street Address of each General Partner		8 Name and Availability of W.P. Verifier	
Names of General Partner(s)	Street Address of Each General Partner(s) (Do NOT Use Post Office Box Number)	Update Verifier	City and State
Peter Paul Boinis D.F. Antonelli Mitchell Blankstein	3095 Equestrian Dr.	Bois Raton, FL	93434

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

9 IMPORTANT - THIS SECTION MUST BE COMPLETED Has this limited partnership amended its certificate to reflect an increase in the capital contributions since the last annual report? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	10 IMPORTANT - THIS SECTION MUST BE COMPLETED Have all amendments been filed with this office? (Note: If answer is NO, this report cannot be processed until all amendments have been filed) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Signature: [Signature]	Date: [Blank]
Typed Name of Signing General Partner: PETER PAUL BOINIS	Type: Managing General Partner
Telephone Number: (305) 752-8342	

STATE OF FLORIDA COUNTY OF St. Johns

BEFORE ME, this day personally appeared Peter Paul Boinis who being duly sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct.

SWORN TO AND SUBSCRIBED before me this 22nd day of January, 1985.
Notary Public State of Florida
My Commission Exp. Apr. 29, 1988

IMPORTANT:

DUE DATE ON OR BEFORE JANUARY 1, 1986

LIMITED PARTNERSHIP ANNUAL REPORT

1986



FLORIDA DEPARTMENT OF STATE George Frestone Secretary of State DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

FEB 14 8 30 AM '86

Read Notice and Instructions on Other Side Before Making Entry. Filing Fee Required - Make Checks Payable To: Secretary of State

1. Name and Mailing Address of Limited Partnership: A19000 ANTONELLI AND BOINIS ASSOCIATES LIMITED PA 3300 UNIVERSITY DRIVE SUITE 606 CORAL SPRINGS, FLA. 33065

3. Date Registered To Do Business in Florida: 10/03/1984 4. State or County of Formation: FLORIDA 5. Amount of Capital Contributions: \$900.00 Filing Fee: Document Examiner LYN Up Dater LYN Up Dater Verifier Acknowledgement LYN W.P. Verifier LYN

Table with 3 columns: Names of General Partner(s), Street Address of Each General Partner(s), City and State. Includes BOINIS, PETER and ANTONELLI, D. F., JR.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

7. IMPORTANT-THIS SECTION MUST BE COMPLETED Has this limited partnership amended its certificate to reflect an increase in the capital contributions? YES NO 7A. IMPORTANT-THIS SECTION MUST BE COMPLETED Have all amendments been filed with this office? YES NO Signature: PETER P. BOINIS Title: General Managing Partner Date: 1/2/86

STATE OF FLORIDA COUNTY OF BROWARD

Peter Paul Boinis

BEFORE ME this day personally appeared who being duly sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct.

SWORN TO AND SUBSCRIBED before me this 10th day of February 1986

NOTARY PUBLIC STATE OF FLORIDA BONDED THRU GENERAL INSURANCE UND.



FEB 6 1986

D. W. McKinnon, Director
Division of Corporations
904/487-6000

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/487-6900

February 4, 1986

Antonelli and Boinis Associates
3300 University Dr.
Suite 606
Coral Springs, FL 33065

SUBJECT: ANTONELLI AND BOINIS ASSOCIATES LIMITED
PARTNERSHIP
Reference: A18000

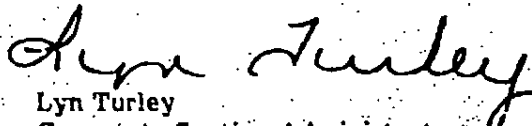
Dear Sir:

We have received your document for ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP, and check(s) totaling \$30.00. However, the document has not been filed and is being returned to you for the following:

The notary public's acknowledgement is incomplete. Signature, seal and expiration date must be affixed.

If you have further questions concerning the filing of your document, please call (904) 487-6901.

Sincerely,


Lyn Turley
Corporate Section Administrator
Amendment Section

LT:lt

LIMITED PARTNERSHIP
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Mason
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

APR 2 12 33 PM '87

Read Instructions on Other Side Before Making Entry
Filing Fee Required - Make Checks Payable To: Secretary of State

1 Name and Mailing Address of Limited Partnership
ANTONELLI AND BOINIS LTD PARTNERSHIP
8190 ROYAL PALM BLVD
CORAL SPRINGS, FL 33071

2 Enter change of Address of Limited Partnership

Mailing Address
Principal Street Address
City
State
Zip Code

3 Date Registered To Do Business in Florida: 10/3/84

4 State or Country of Formation: FLORIDA

For Office Use Only

Amount of Capital Contributions: 900,000

CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS ONLY AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE

Filing Fee is figured at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$30.00 nor more than \$250.00. For questions concerning capital contribution or filing fees please call (904) 437-6050. Please submit your 1987 Annual Report with a remittance of U.S. Dollars payable in full at a financial institution located in the U.S.

Document Fee
Update
Update Verifier
Acknowledgment
V.P. Verifier
Filing Fee

05/20/87 00004 004
LIMITED PARTNERSHIP'S
REGISTERED AGENT 3.00
LTD PARTNERSHIP 30.00
TOTAL 33.00

5 Name and Business Address of each General Partner

Name of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State
BOINIS, PETER	8190 ROYAL PALM BLVD	CORAL SPRINGS, FL 33071
ANTONELLI, D.F. JR.	1725 DESALUS ST NW	WASHINGTON, DC 20036

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent

PETER BOINIS

8190 ROYAL PALM BLVD

CORAL SPRINGS, FL 33071

I hereby accept the appointment of the above agent as a partner with, and accept the obligations of Chapter 620 F.S.

SIGNATURE: *Peter Boinis* DATE: 3/27/87

EFFECTIVE JANUARY 1, 1987, A REGISTERED AGENT AND AN ADDITIONAL FEE OF \$3 IS REQUIRED

6 IMPORTANT: THIS SECTION MUST BE COMPLETED

7a. Have all amendments been filed with this office? YES NO

7b. Have all amendments been filed with this office? YES NO

SIGNATURE: *Peter Boinis* DATE: 3/27/87

PETER BOINIS GENERAL PARTNER

STATE OF Florida COUNTY OF Broward

BEFORE ME, the undersigned authority, on this 30th day of March 1987, personally appeared Peter Boinis, known to me to be the person whose name is subscribed to the foregoing Annual Report, and he acknowledged to me and to the witnesses present that he executed the same for the purposes and content therein.

30th March 87

LIMITED PARTNERSHIP
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Green
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

Oct 13 9 05 AM '87

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: Department of State

Name and Mailing Address of Limited Partnership
 414000
 ANTONELLI AND BOINIS ASSOCIATES LIMITED PA
 8190 ROYAL PALM BLVD.
 CORAL SPRINGS, FLA 33071

Effective 2/15/88

7940 Glades Road
 Arvida Parkway Center
 Boca Raton, Florida 33434

1. Date Required To Do Business in Florida: 10/03/1984
 2. State or Country of Formation: FLORIDA

Amount of Capital Contribution: \$900.00

CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNER'S CONTRIBUTIONS ONLY AS ORIGINALLY MADE OR LAST AMENDED WITH THIS OFFICE.

3. Filing fee is required at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$10.00 nor more than \$250.00. For questions concerning S20046 contact the home of filing fees please call (904) 487-4050. Please include your 1988 Annual Report with a non-provision of U.S. Dollars payable to you at a financial institution located in the U.S.

4. Name and Business Address of Each General Partner

Name of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Number)	City and Date
BOINIS, PETER ANTONELLI, D. F., JR.	8190 ROYAL PALM BLVD. 1725 DESAKES ST., NW DeSales	10/29/87 33071 FLA
		LIMITED PARTNERSHIP 414000
		LTD PARTNERSHIP 30.00
		CORAL SPRINGS, FL 30.00
		WASHINGTON DC 30.00
		TOTAL 30.00

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION	OFFICE USE ONLY
Name and Address of Registered Agent BOINIS, PETER 1725 DESAKES ST., NW DeSales	Document Examiner LT
1810 ROYAL PALM BLVD. Coral Springs, FL 33071	Updater LT
City and State CORAL SPRINGS, FL	Updater Verifier LT
Zip Code 330710000	Filing Fee

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

<i>P. Boinis</i> Managing General Partner Peter P. Boinis	Date 10/9/87
Managing General Partner	Telephone Number (305) 755-6300

STATE OF FLORIDA COUNTY OF PALM BEACH

My Public Act and the person(s) named Peter P. Boinis and being herein declared as a valid and the statements contained in the foregoing Annual Report were made and signed by me on this 9th day of October 1987.

EMILY R. BOJACKI
Emily R. Bojacki
 SECRETARY OF STATE

A18000

8-2-88

MITCHELL BLANKSTEIN
ATTORNEY AT LAW
1725 DE SALES STREET, N.W.
SUITE 900
WASHINGTON, D.C. 20036
(202) 785-6464

March 3, 1988

Secretary of State
Division of Corporations
State of Florida
409 Gaines Street
Tallahassee, Florida 32399

Attn: Louise Fleming
Amendments Limited Partnership

03/05/88 20051 001
LIMITED PARTNERSHIPS
CERT/PHOTO COPY 15.00
LTD PARTNERSHIP 30.00
=====

TOTAL 45.00

Dear Ms. Fleming:

I am enclosing the Second Amendment to the Certificate of Limited Partnership for Antonelli and Boinis Associates Limited Partnership.

Also enclosed is our check for \$45.00 to encompass filing fee and certified copy which I would appreciate your returning to me.

Very truly yours,

Mitchell Blankstein

Mitchell Blankstein

MB/al
Enclosures

Amend

CHARTER TAX STAMP	
C. TAX	_____
FILING	30
R. ASSESSMENT	_____
C. COPY	15
TOTAL	45
H. STATE	_____
E. COUNTY	_____
R. LOCAL	_____

FILED
1988 MAR -6 PM 9 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND AMENDMENT TO THE AGREEMENT AND CERTIFICATE
OF LIMITED PARTNERSHIP FOR
ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP

THIS SECOND AMENDMENT TO THE AGREEMENT AND CERTIFICATE OF LIMITED PARTNERSHIP FOR ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP, is made and entered into as of the first day of January, 1988. The Agreement and Certificate of Limited Partnership was executed on October 1, 1984, filed in the Secretary of State office on October 3, 1984.

WHEREAS, D.F. Antonelli, Jr. desires to convey, assign and transfer a Twenty-Five Percent (25.0%) interest as a Limited Partnership unto Antonelli Family Trust No. 2.

NOW, THEREFORE, in consideration of the premises and of the mutual promises herein contained, and for other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged, the undersigned parties agree to and hereby certify the following:

1. D.F. Antonelli, Jr. hereby assigns, conveys and transfers a Twenty-Five Percent (25.0%) interest as a Limited Partner unto Antonelli Family Trust No. 2. Said Assignee is hereby admitted to the Partnership. The Assignee is entitled to a proportionate share of Assignor's capital interest and account and the Assignee is entitled to all the rights and privileges, and is subject to all the duties and obligations, of a limited partner of the Partnership to the extent of the partnership interest assigned to it.

2. To reflect this change, the Agreement and Certificate of Limited Partnership is amended to reflect as follows:

<u>NAME AND ADDRESS</u>	<u>CAPITAL CONTRIBUTIONS</u>	<u>PERCENTAGE OF INTEREST</u>
<u>Limited Partners:</u>		
D.F. Antonelli, Jr. 1725 DeSales St, N.W. Washington, D.C. 20036	Per Books and Records	Fifteen Percent (15%)
Antonelli Family Trust No. 2 Mitchell Blankstein Trustee 1725 DeSales Street, N.W. Washington, D.C. 20036	Per Books and Records	Twenty-Five Percent (25%)

3. The Agreement and Certificate of Limited Partnership, except as herein modified, is reaffirmed and shall continue in all respects without change.


IN WITNESS WHEREOF, we have hereunto set our hands and seals as of the first day of January, 1988.

GENERAL AND LIMITED PARTNERS:


D.F. Antonelli, Jr.

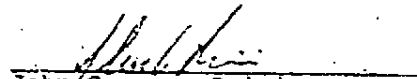

Peter Boinis

ASSIGNOR PARTNER:


D.F. Antonelli, Jr.

LIMITED PARTNERS:


Mitchell Blankstein


John Gregory Boinis

NEWLY ADMITTED ASSIGNEE LIMITED PARTNER

Antonelli Family Trust
No. 2

By 
Mitchell Blankstein
Trustee

District of Columbia: ss

I, Am Lucas, a Notary Public in and for the District of Columbia do hereby certify that D.P. Antonelli, Jr., General, Limited and Assigning Partner, who is personally well known to me, personally appeared before me and acknowledged his execution of the foregoing and annexed document to be his free act and deed.

Subscribed and sworn to before me this 12th day of ~~January~~, 1988.

February

Am Lucas
Notary Public

My Commission Expires:

11/14/91

District of Columbia: ss

I, Am Lucas, a Notary Public in and for the District of Columbia do hereby certify that Mitchell Blankstein, as Trustee of Antonelli Family Trust No. 2 and individually who is personally well known to me, personally appeared before me and acknowledged his execution of the foregoing and annexed document to be his free act and deed.

Subscribed and sworn to before me this 12th day of ~~January~~, 1988.

February

Am Lucas
Notary Public

My Commission Expires:

11/14/91

State of Florida

SS:

Broward County

I, Debra Winter, a Notary Public in and for the ~~District of Columbia~~ do hereby certify that Peter Boiris who is personally well known to me, personally appeared before me and acknowledged his execution of the foregoing and annexed document to be his free act and deed.

Subscribed and sworn to before me this 13th day of
January, 1988.
February

Deby A. Winter
Notary Public

My Commission Expires:
Notary Public
State of Florida at Large
My Commission Expires Dec. 29, 1991

State of Florida
Broward County

SS:

I, Deby A. Winter, a Notary Public in and
for the ~~District of Columbia~~ State of Florida, Broward County do hereby certify that John
Gregory Boinis who is personally well known to me, personally
appeared before me and acknowledged his execution of the
foregoing and annexed document to be his free act and deed.

Subscribed and sworn to before me this 13th day of
January, 1988.
February

Deby A. Winter
Notary Public

My Commission Expires:
Notary Public
State of Florida at Large
My Commission Expires Dec. 29, 1991

File Now! Due on or before January 1, 1989

LIMITED PARTNERSHIP
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
JAY SMITH
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

DEC 30 1988

Read Instructions on Other Side Before Making Entries
Filing Fee Required—Make Checks Payable To: Department of State

A18000
ANTONELLI AND BOINIS ASSOCIATES LIMITED PA
7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON, FL 33434

2. Enter Change of Address of Limited Partnership

Mailing Address

Principal Street Address

City

State

Zip Code

FOR FISCAL USE ONLY

01/05/89 08036 014
LIMITED PARTNERSHIPS A.P.'S &
LTD PARTNERSHIP 30.00
TOTAL 30.00

3. Filing Date
10/03/1988

4. State or Country of Formation
FLORIDA

5. Actual Amount of Capital Contributions
\$900.00

6. This form is required at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTIONS and at the rate of \$1.00 per thousand on SALES TAX. For amounts exceeding \$500.00, the amount of the fee is \$50.00 for more than \$250.00. For questions concerning credits for tax on your 1988 Form 990-L, call the Department of State, 857-5055. Please submit your 1988 Annual Report with a copy of the U.S. Department of State's Form 990-L to the institution located in the U.S.

7. Name and Business Address of Each General Partner

Name of General Partner	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City and State
BOINIS, PETER ANTONELLI, D. F., JR.	7940 Glades Rd. 8190 ROYAL PALM BLVD. 1725 DESALES ST. NW	Boca Raton, FL CORAL SPRINGS, FL WASHINGTON D.C.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

OFFICE USE ONLY

Name and Address of the Registered Agent
BOINIS, PETER
8190 ROYAL PALM BLVD. 7940 Glades Rd.
CORAL SPRINGS, FL Boca Raton Fl. Zip Code 33434
3307100000

Department Extension
Location
Filing Fee

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Name and Signature of the Registered Agent
Peter Paul Boinis
Date 12-30-88
Name Peter Paul Boinis Title Managing General Partner Telephone Number 407-487-1600

File
Peter Paul Boinis
3014
December
28

Notary Public,
State of Florida of L.P.P.
My Commission Expires Dec. 28, 1991

File Now! Due on or before January 1, 1990

LIMITED PARTNERSHIP
ANNUAL REPORT
1990



U.S. DEPARTMENT OF STATE
OFFICE OF THE
COMPTROLLER OF PARTNERSHIPS

UNITED STATES DEPARTMENT OF STATE
OFFICE OF THE COMPTROLLER OF PARTNERSHIPS
WASHINGTON, D.C. 20540

Read instructions on Other Side Before Making Entries
Filing Fee Required - Make Checks Payable To: Department of State

A18000
ANTONELLI AND BOINIS ASSOCIATES LIMITED PA
7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON, FL 33434

1. Name and Address of the Partnership
2. Office of the Comptroller of Partnerships
3. Mailing Address
4. Principal Office Address
5. City
6. State
7. Zip Code

1. Fiscal Address (if different from principal office address)
2. Name of the Comptroller of Partnerships

1. Date of Filing
10/03/1989
2. State of Filing
FLORIDA

1. Total Capital Contribution of Partners \$900.00
2. Total Amount of Loans \$900.00

FOR FISCAL USE ONLY

-12/15/89--00194--015
LIMITED PARTNERSHIPS ANTS 4
LTD PARTNERSHIP-----\$0.00
TOTAL-----\$0.00

1. Name of the Partnership
2. State of Filing
3. Date of Filing
4. Total Capital Contribution of Partners
5. Total Amount of Loans

59-2463234

Name of General Partner	Address of General Partner	City and State
BOINIS, PETER	7940 GLADES RD.	BOCA RATON, FL
ANTONELLI, D. F., JR.	1725 DESALES ST. NW	WASHINGTON D.C.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

OFFICE USE ONLY

BOINIS, PETER
7940 GLADES RD.
BOCA RATON, FL. 33434-0000

Handwritten initials and date
12/30

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Signature of Peter Boinis
PETER BOINIS
GENERAL PARTNER

x 12/9/89

Florida
Peter P Boinis
9th
Palm Beach
December
Robert J. Parker

File Now! Due on or before January 1, 1991

LIMITED PARTNERSHIP ANNUAL REPORT 1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1990 DEC 31 PM 7:55

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable To: Department of State.

1. Name and Mailing Address of Limited Partnership

A18000
ANTONELLI AND BOINIS ASSOCIATES LIMITED PA
7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON, FL 33434

If above address is incorrect in any way, enter the address in item 2, include Zip Code

2. Enter Change of Address of Limited Partnership Mailing Address

Principal Street Address

City

State

Zip Code

FOR FISCAL USE ONLY

01/11/91--00042--003

L.P. PARTNERSHIP

LTD PARTNERSHIP

TOTAL

3. Date Registered to Do Business in Florida

10/03/1984

4. State or Country of Formation

FLORIDA

5. Anticipated Capital Contributions as Shown on Record

\$900.00

5a. Actual Amount of Capital Contributions

\$900.00

Filing fee is figured at the rate of \$7.00 per thousand on CAPITAL CONTRIBUTION but in no case shall the amount be less than \$52.50 nor more than \$437.50. For questions concerning capital contributions or filing fees please call (904) 487-6054. Please submit your 1991 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

Federal Employer Identification Number

59-2463234

FBI Number Assigned For FBI Number Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS REQUIRED

Name and Business Address of Each General Partner

Names of General Partner(s)

Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)

City and State

BOINIS, PETER
ANTONELLI, D. F., JR.

7940 GLADES RD.
1725 DESALES ST. NW

BOCA RATON, FL
WASHINGTON D.C.

RUP 12/31/90

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

10. Name and Address of Current Registered Agent

BOINIS, PETER
7940 GLADES RD.
BOCA RATON, FL. 33434

11. Name and Address of New Registered Agent

Name

Street Address 1 (Do NOT Use P.O. Box Numbers)

Street Address 2 (Do NOT Use P.O. Box Numbers)

City and State

FL

Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named Limited Partnership was organized or registered under the laws of the State of Florida, pursuant to the provisions of Sections 620.1001 and 620.192, Florida Statutes, and that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am General Partner of the Partnership and am authorized to execute this report as required by Chapter 620, F.S.

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named Limited Partnership was organized or registered under the laws of the State of Florida, pursuant to the provisions of Sections 620.1001 and 620.192, Florida Statutes, and that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am General Partner of the Partnership and am authorized to execute this report as required by Chapter 620, F.S.

Signature of Registered Agent (Print Name)

DATE

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named Limited Partnership was organized or registered under the laws of the State of Florida, pursuant to the provisions of Sections 620.1001 and 620.192, Florida Statutes, and that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am General Partner of the Partnership and am authorized to execute this report as required by Chapter 620, F.S.

Signature of General Partner (Print Name)

DATE

Signature of General Partner (Print Name)

Insurance Number 407-987-1600

County of Alameda

Signature of General Partner (Print Name) Peter Paul Boinis

Signature of General Partner (Print Name) December

Signature of General Partner (Print Name)

Signature of General Partner (Print Name)

Signature of General Partner (Print Name)

Signature of General Partner (Print Name)

Signature of General Partner (Print Name)

File Now! Due on or before January 1, 1992

APPROVED AND FILED

DEC 11 AM 10:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE JIM SMITH Secretary of State DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable To: Department of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Limited Partnership: ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP CAR-RT. SORT ** CRO4 7940 GLADES RD. ARVIDA PARKWAY CENTER BOCA RATON, FL 33434

2. Exact Name of Address of Limited Partnership Mailing Address: Street Address: City: State: Zip Code:

3. Beginning Date to Do Business in Florida: 10/03/1984 4. State or Country of Formation: FLORIDA 5a. Total Contributions of General Partners: \$900.00 5b. Actual Amount of Capital Contributions in Florida:

FOR FISCAL USE ONLY -12/12/91--00000--022 CERTIFICATION \$2.50 CERTIFICATE COPY--\$4.95 TOTAL--\$7.45

6. Annual Report Filing Fee: \$7.00 per partner and on ACTUAL CAPITAL CONTRIBUTION... Please submit your 1992 Annual Report with a remittance of U.S. Dollars payable at per capita financial institution located in the U.S. Have check payable to Department of State.

7. Telephone Number: 59-2463234 8. Name and Business Address of Each General Partner

Table with 3 columns: Name of General Partner, Address, City and State. Includes Boinis, Peter and Antonelli, D. F., Jr. with addresses in Boca Raton, FL and Washington D.C.

12/11 CRE

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

REGISTERED AGENT INFORMATION

9. Name and Address of Current Registered Agent: BOINIS, PETER 7940 GLADES RD. BOCA RATON, FL. 33434

10. Name and Address of Non-Registered Agent: Name: Street Address: City and State: State: FL

11. I, the undersigned, do hereby certify that the above named limited partnership organization was duly organized under the laws of the State of Florida... I am a resident of the State of Florida and accept the responsibility of being a registered agent for the above named limited partnership.

12. Signature of Registered Agent: Peter Paul Boinis, dated 12/4/91. Telephone Number: 407-487-1600. 13. County: Florida, Palm Beach.

Notary Public State of Florida My Commission Expires Sept. 28, 1991

Signature of Notary Public

MOORE, FARMER, MENKHAUS & JURAN, P.A.
ATTORNEYS AT LAW

SUITE 400 (407) 394-7910
5550 GLADES ROAD FAX TELEPHONE:
BOCA RATON, FLORIDA 33431 (407) 393-6541

A18000

December 17, 1992

Annual Reports LP Section
Divisions of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

600000001928
-12/29/92--01047--021
***1750.00 ***1750.00
700000001928
-12/29/92--01047--021
***52.50 ***52.50

Re: Antonelli and Boinis Associates Limited Partnership
Boinis Associates, Ltd.

Dear Sir/Madam:

Enclosed please find the 1993 Annual Report for the above-referenced Partnership along with the filing fee in the amount of \$1,750.00.

Also enclosed please find the original and a copy of an Amended Certificate of Limited Partnership of Antonelli and Boinis Associates Limited Partnership along with the filing fee in the amount of \$576.25 and \$52.50 for a certified return copy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jayne W. Bates
Jayne W. Bates

/jwb

Enclosures

FILED
1992 DEC 23 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING 1750
R. AGENT _____
CERT. COPT 52.50
CUS _____
OVERPAYMENT _____
TOTAL _____

*TCW
Amended &
Confs (1992)*

AMENDED CERTIFICATE OF LIMITED PARTNERSHIP OF
ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP

FILED
DEC 23 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned certifies as follows with respect to ANTONELLI AND BOINIS ASSOCIATES LIMITED PARTNERSHIP, a limited partnership formed under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership is hereby changed to BOINIS ASSOCIATES, LTD.

2. Office; Agent. The address of the office of the Partnership is 7940 Glades Road, Boca Raton, Florida 33434. The name and address of the agent, for services of process is Peter P. Boinis at 7940 Glades Road, Boca Raton, Florida 33434.

3. General Partner. The name of the sole General Partner is Peter P. Boinis. As of June 4, 1990, D.F. Antonelli, Jr. withdrew as the General Partner and became a five (5%) percent limited partner in the Partnership.

4. Additional Capital Paid. There has been \$5,354,393.00 additional capital contributed paid to the Partnership.

5. Mailing Address. The mailing address of the Partnership is 7940 Glades Road, Boca Raton, Florida 33434.

6. Termination. The latest date on which the Partnership is to dissolve is December 31, 2058.

BY: 
PETER P. BOINIS
General Partner

STATS OF FLORIDA)
) SS.
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me on this
the 16th day of December, 1992 by PETER P. BOINIS, who is
personally known to me or who has produced _____
as identification and who did (did not) taken an oath.

Signature: David J. Menkhaws

Printed Name: David J. Menkhaws
Notary Public

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES NOV. 7, 1993.
BONDED THROUGH FLORIDA PUBLIC UNDERWRITERS.

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF PALM BEACH

The undersigned, Peter P. Boinis ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is Peter P. Boinis, the sole general partner of BOINIS ASSOCIATES, LTD. f/k/a ANTONELLE AND BOINIS ASSOCIATES LIMITED PARTNERSHIP (the "Partnership"), a limited partnership formed under the laws of the State of Florida.


2. Affiant states that on June 4, 1990, D.F. Antonelli, Jr. withdrew as General partner and became a five (5%) percent limited partner in the Partnership.

3. Additional capital contributions to the Partnership to date have totaled \$5,354,393.00.

4. Affiant states that to the best of his knowledge, all information contained in the Amended Certificate of Limited Partnership is true and correct.

FURTHER AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, the undersigned, on behalf of the Partnership, has set his hand and seal this 16th day of December, 1992.



PETER P. BOINIS
General Partner

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me on this
the 16th day of December, 1992 by PETER P. BOINIS, who is
personally known to me or who has produced _____
as identification and who did (did not) taken an oath.

Signature: David J. Menkhaw

Printed Name: David J. Menkhaw
Notary Public

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: NOV. 7, 1993.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

DUE ON OR BEFORE JANUARY 1, 1993 (NOTE NEW FILING FEE)

DO NOT WRITE IN THIS SPACE

LIMITED PARTNERSHIP
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1992 DEC 23 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable to: Department of State

1. Enter the Filing Address (City and State) **DOCUMENT # A18000**
CAR-RT SORT ** CR04
ANTONELLI AND BOINIS ASSOCIATES LIMITED
PARTNERSHIP
7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON FL 33434

2a. Enter Change of Mailing Address
City and State _____ Zip Code _____

2b. Enter Principal Place of Business
City and State _____ Zip Code _____

3. Filing Date: **10/03/1984** 4. Filing State: **FLORIDA** 5a. Check Contribution as shown on this report: **\$900.00** 5b. Amount of Capital Contributions in FLORIDA: **\$5,354,393.00**

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$133.75 PURSUANT TO S 620.193, FLORIDA STATUTES, EFFECTIVE 7-1-92. THE FILING FEE SHALL BE NO LESS THAN \$15.00 AND NO MORE THAN \$500.00. AND NO MORE THAN \$500.00 - \$437.50 - \$133.75. For questions concerning filing fees, please call (904) 487-5056. Please submit your 1993 annual report with a check in U.S. funds and payable through a U.S. bank.

7. Telephone Number: **59-2463234** 8. To the Notary Notarized For: Partnership Agent 9. To the Additional Fee required by a Certificate of Status: Yes No

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

BOINIS, PETER
7940 GLADES RD.
BOCA RATON, FL. 33434

9. Name and Address of New Registered Agent

10. As from the effective date of entry into this State and until 1993, the above named limited partnership organized to do business under the laws of the State of Florida, is subject to the jurisdiction of the Department of State of the State of Florida. Such change was authorized by the general partner(s) of the partnership and is subject to the jurisdiction of the Department of State of the State of Florida.

11. A GENERAL PARTNER THAT IS A CORPORATION OR LIMITED PARTNERSHIP MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

Name of General Partner	Address of Each General Partner (City and State)	City and State	Country (City and State)
BOINIS, PETER	7940 GLADES RD.	BOCA RATON, FL	
ANTONELLI, D. F., JR.	1725 DESALES ST. NW	WASHINGTON D.C.	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

A General Partner must sign and signature must be notarized with seal requirement.

12. The undersigned hereby certifies that the above named limited partnership is subject to the jurisdiction of the Department of State of the State of Florida. This certificate is subject to the jurisdiction of the Department of State of the State of Florida.

M. Boinis

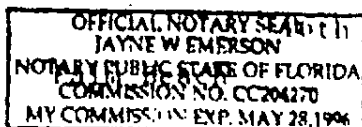
Date: **12/16/92**

Telephone Number: **(407) 487-1600**

Peter P. Boinis

Peter P. Boinis

personally known.



December 92
Florida

Jayne W. Emerson

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1993

APPROVED AND FILED

1994



93 OCT 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT #
A18000

BOINIS ASSOCIATES, LTD.
7940 GLADES ROAD
BOCA RATON FL 33434

2a. 7940 GLADES ROAD
BOCA RATON FL 33434

3. 10/03/1984 3a. 12/13/1992 4. FL 5a. \$5354393.00 5b. \$5354393.00

6. ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS
IMPLEMENTATION FEE OF \$100 PER SHARE AS PROVIDED IN SECTION 607.03, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE PAID BY
CHECK OR MONEY ORDER TO THE SECRETARY OF STATE, TALLAHASSEE, FLORIDA 32305. For questions concerning filing fees, please call (904) 487-6056.
All payments should be made in U.S. funds through a U.S. bank to the Secretary of State.

7. 592463234

\$8.75 Additional Fee required
for a Certificate of Secure

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

BOINIS PETER P
7940 GLADES ROAD
BOCA RATON FL 33434

FL

10. GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11a. BOINIS P 7940 GLADES ROAD 11b. BOCA RATON FL 33434 11c. A18000

RECORDED
11/18/93
444516.25

PRO 16123

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

Peter P. Boinis

Peter P. Boinis

(407) 487-1600

**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Judith M. Murrain
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC -8 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
BOINIS ASSOCIATES, LTD.

1a. DOCUMENT #
A18000

96-AR

Mailing Address: **7940 GLADES ROAD BOCA RATON FL 33434**

Principal Office Address: **7940 GLADES ROAD BOCA RATON FL 33434**

2. New Mailing Address, if Applicable

Date, Apt #, etc.

City, State & Zip

2b. New Principal Office Address, if Applicable

Date, Apt #, etc.

City, State & Zip

900001659233
-12/12/95--01024--003
*****\$76.25 ***\$76.25**

3. Date Entered or Registered to Do Business in FLORIDA: **10/03/1984**

3a. Date of Last Report: **01/05/1985**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on Report: **\$5,354,393.00**

5b. Amount of Capital Contributions in FLORIDA to date: **\$5,354,393.00**

6. FEI Number: **59-2463234**

Applied For: **7. CERTIFICATE OF STATUS REQUIRED?**

Not Applicable

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
**BORNIS, PETER P
7940 GLADES ROAD
BOCA RATON FL 33434**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Date, Apt #, etc.

City, State & Zip Code
FL

10a. Pursuant to the provisions of sections 626.1051 and 626.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement in the event of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent in conformity with and accept the obligations of section 626.192, Florida Statutes.

Signature of Registered Agent Accepting Appointment: _____ DATE: _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name of General Partner(s)	11a. Address of Each General Partner (On Initial Filing Only)	11b. City, State & Zip Code	11c. Registration Document Number
BOINIS, PETER P	7940 GLADES ROAD	BOCA RATON FL 33434	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I certify that the information supplied with this filing is voluntarily furnished and that I am qualified by the exemption stated in Section 119.07(1)(b), Florida Statutes, to release the Division of Corporations from any liability of such release with Section 119.07(1)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership reported on this report as required by Chapter 607, Florida Statutes.

Signature: *[Signature]* Manager General Partner Date: **11/29/95**

CR25011/95A