A95000000407

LAW OFFICES
BRIAN C. PERLIN
SUITE 200
334 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 443-3104
TELECOPIER (305) 443-6858

700001429407
-03/14/95--01115--016
****385.00 ****385.00

March 8, 1995

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kaufman Family Limited Partnership

Gentlemen:

Enclosed please find the following:

(a) Certificate of Limited Partnership for the above-referenced Partnership
(b) Affidavit of Capital Contributions
(c) Check in the amount of $385.00.

Please send acknowledgement to Brian C. Perlin, Esq., 334 Minorca Avenue, Suite 200, Coral Gables, FL 33134.

If you should have any questions regarding the enclosed, please do not hesitate to call our office at (305) 443-3104.

Thank you for your cooperation in this matter.

Very truly yours,

Brian C. Perlin

Brian C. Perlin

BCP/lp
Enclosures

FILED
1995 MAR 13 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
KAUFMAN FAMILY LIMITED PARTNERSHIP

A95000004077

FILED
1995 MAR 13 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. KAUFMAN FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 21 Tahiti Beach Blvd., Coral Gables, FL 33143
(The Business Address of Limited Partnership)

3. Brian C. Perlin, Esq.
(Name of Registered Agent for Service of Process)

4. 334 Minorca Avenue, Suite 200, Coral Gables, FL 33134
(Florida Street Address for Registered Agent)

5. BCP
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 334 Minorca Avenue, Suite 200, Coral Gables, FL 33134
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/95 .

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

Sean Marc Kaufman	21 Tahiti Beach Blvd., Coral Gables, FL 33143

Signed this 30 day of March, 95.
Signature of all general partners:

_____ General Partner	x _____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of KAUFMAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 50,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 50,000.00.

This 3rd day of March, 19 95.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

_____	x Glen A. Kaufman
General Partner	General Parnter
_____	_____
General Partner	General Partner
_____	_____
General Partner	Goneral Partner

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -3 AM 11:25

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1a. DOCUMENT # A95000000407

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
KAUFMAN FAMILY LIMITED PARTNERSHIP

2. New Mailing Address, if Applicable
Suite, Apt. # etc.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. # etc.
City, State & Zip

Mailing Address
334 MINORCA AVE.
SUITE 200
CORAL GABLES FL 33134

Principal Office Address
21 TAHITI BEACH BLVD.
CORAL GABLES FL 33143

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Box 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA 03/13/1995

3a. Date of Last Report

4. State or Country of Formation FL

6. FEI Number

7. CERTIFICATE OF STATUS IS REQUIRED
Applied For
Not Applicable
$8.75 Additional Fee required for a Certificate of Status

5a. Capital Contributions as Shown on Record $50,000.00

5b. Amount of Capital Contributions in FLORIDA to date $ 0000

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)
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
PERLIN, BRIAN C
334 MINORCA AVE.
STE. 200
CORAL GABLES FL 33134

10. If changing new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KAUFMAN, SEAN MARC	21 TAHITI BEACH BLVD.	CORAL GABLES FL 33143	

400001685884
-01/11/96--01001--024
*****438.75 *****438.75

400001685884
-01/11/96--01001--025
*****50.00 *****50.00

CR2E003 (6/95)

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Brian J. Perlin Sean M. Kaufman DATE 1-2-96

Typed or Printed Name of General Partner Signing Form Telephone Number 305-445-8266

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