A95000000408

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EARL E. MAYER, JR.*
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.....
* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

200001429492
-03/14/95--01115--017
****385.00 ****385.00

March 10, 1995

FILED
1995 MAR 13 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Eagleman Family Investment Company, Ltd.

Dear Sir/Madam:

Enclosed please find two (2) originals of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership. Please file one (1) set of originals and return the other set stamped with the date and time the documents have been accepted for filing.

I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our client's check in the amount of $385.00 to cover the required filing fee.

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

Sincerely,

MAYER & SAUERBERG

P. Todd Kennedy

PTK:cr
Enclosures

eagleman\ltrs\cert-sos.ltr

3/16/95 CW

FILED
95 MAR 13 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
EAGLEMAN FAMILY INVESTMENT COMPANY, LTD.

A95000000408

1. EAGLEMAN FAMILY INVESTMENT COMPANY, LTD.
(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2501 S. Seacrest Boulevard, Boynton Beach, Florida 33435
(The Business Address of the Limited Partnership)

3. ATILLA EAGLEMAN, M.D.
(Name of Registered Agent for Service of Process)

4. 2501 S. Seacrest Boulevard, Boynton Beach, Florida 33435
(Address for Registered Agent)

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

6. 2501 S. Seacrest Boulevard, Boynton Beach, Florida 33435
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2044.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
ATILLA EAGLEMAN, M.D., as Trustee of the ATILLA EAGLEMAN, M.D. REVOCABLE TRUST, dated as of the date of this Certificate	2501 S. Seacrest Boulevard Boynton Beach, FL 33435

1 _____

Signed this 1st day of March, 1995.

Signature of General Partner:

ATILLA EAGLEMAN, M.D., as Trustee of the ATILLA EAGLEMAN, M.D. REVOCABLE TRUST, dated as of the date of this Certificate

ATILLA EAGLEMAN, M.D., as Trustee

FILED
1995 MAR 13 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EAGLEMAN\docs\cert.lp

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting the general partner of EAGLEMAN FAMILY INVESTMENT COMPANY, LTD., 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 1st day of March, 1995.

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 true, to the best of my (our) knowledge and belief.

GENERAL PARTNER:

ATILLA EAGLEMAN, M.D., as Trustee of the ATILLA EAGLEMAN, M.D. REVOCABLE TRUST, dated as of the date of this Affidavit

ATILLA EAGLEMAN, M.D., as Trustee

FILED
1995 MAR 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

eagleman\docs\affidavit

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

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FILED
95 DEC 27 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000408

EAGLEMAN FAMILY INVESTMENT COMPANY, LTD.

Mailing Address
2501 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

Principal Office Address
2501 S. SEACREST BLVD
BOYNTON BEACH FL 33435

2. New Mailing Address, If Applicable
Suite, Apt. #, etc. 700001680837
-01/05/96--01113--008
City, State & Zip ****488.75 ****488.75

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

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 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

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

5b. Amount of Capital Contributions in FLORIDA to date 50,000.00

6. FEI Number 65-0566390

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

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
EAGLEMAN, ATILLA
2501 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

10. If changed, 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
ATILLA EAGLEMAN, M.D. AS TRU	2501 S. SEACREST BLVD	BOYNTON BEACH FL 3343	AR $350.00 Sup. $138.75

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 submitted is [illegible] 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 effect as if made under oath; 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.

ATILLA EAGLEMAN, M.D.
2501 SO. SEACREST BLVD.
BOYNTON BEACH, FL. 33435
(407) 738-5808

SIGNATURE [signature] DATE 12-22-95

Typed or Printed Name of General Partner Signing Form: Atilla Eagleman, trustee for general partner

Telephone Number 407-738-5808

CR2E003 (6/95)

0007191