Dunbar Anderson Limited

A95000000465

March 2, 1995

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

700001486047
-03/22/95--01035--001
****87.50 ****87.50

Gentlemen;

Enclosed please find a Certificate of Limited Partnership in the name of Dunbar Anderson Limited.

Also enclosed is a check in the amount of $87.50 to cover the required fees.

Truly yours,

Barbara Greer.

Barbara Greer, General Partner

FILED
95 MAR 21 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	3/24/95 doe
Document Examiner	DCC
Updater	DCC
Verifier	DCC
Acknowledgement	DCC
W.P. Verifyer	DCC

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TC
$100

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Dunbar Anderson Limited
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 232 East 49th Street, New York, New York 10017
(The Business Address of Limited Partnership)

3. Mr. Robert Schultz, Esq.
(Name of Registered Agent for Service of Process)

4. 1101 Ninth Avenue West, Bradenton, Florida 34205
(Florida Street Address for Registered Agent)

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

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95 MAR 21 8:36

6. 5726 Cortez Road West, #347, Bradenton, Florida 34210
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 2003.

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

Robert McLean	232 E. 49th St, New York, New York 10017
Barbara Greer	5726 Cortez Road West, #347, Bradenton, FL 34210

Signed this second day of March, 1995.
Signature of all general partners:

× Robert T. McLean
General Partner

General Partner

× Barbara Geer
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 Dunbar Anderson Limited, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 100.00.

This second day of March, 1995.

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1995 MAR 21 PM 3:36
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 Robert J. McLean
General Partner

General Parnter

X Barbara Green
General Partner

General Partner

General Partner

General Partner

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN -3 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000465

DUNBAR ANDERSON LIMITED

Mailing Address
5726 CORTEZ ROAD WEST, #347
BRADENTON FL 34210

Principal Office Address
232 EAST 49TH STREET
NEW YORK NY 10017

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

200001660752 -01/12/96--01020--020 ****191.25 ****191.25

2a. New Principal Office Address
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 03/21/1995

3a. Date of Last Report

4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record $100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number 65-0555795

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
SCHULTZ, ROBERT ESQ
1101 NINTH AVENUE WEST
BRADENTON FL 34205

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
MCLEAN, ROBERT	232 E. 49TH ST.	NEW YORK NY 10017	
GREER, BARBARA	5726 CORTEZ ROAD WEST	BRADENTON FL 34210	

1-10-96
LT

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 certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for 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 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.

SIGNATURE Barbara Greer
DATE 11/14/95

Typed or Printed Name of General Partner Signing Form: Barbara Greer

Telephone Number (212) 688-7094

0008319