A95000000625

CAPITAL CONNECTION, INC.
417 E. Virginia St., Suite 1, Tallahassee, FL 32301 (904) 224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1 800 342 8062
FAX (904) 222-1222

NAME: Wrono Family Limited Partnership

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority ___ Regular ___
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

WRONO Family Limited Partnership I

If enough money
$175.00 - F.F.
$7.50 - CC
CM

	C.C. FEE	DISBURSED
___ Capital Express℠		
___ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
___ Foreign Corp. File		
___ ( ) Cert. Copy(s)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S _____		
___ Fictitious Name File		
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service ___		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.		
___ FAX ( ) pgs.		
SUBTOTALS		

95 APR 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME		CK No.	
BY	AAK		

WALK-IN
Will Pick Up 4-18 400

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP
OF

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

2. 6111 S.W. 130th Avenue, Fort Lauderdale, FL 33330
(The Business Address of Limited Partnership)

3. Scott R. Austin, Esq., Houston & Shahady, P.A.
(Name of Registered Agent for Service of Process)

4. 100 N.E. Third Ave., Suite 850, Fort Lauderdale, FL 33301
(Florida Street Address for Registered Agent)

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

6. c/o Sharon Wrono, 211 N.W.5th Ave.,Hallandale, FL 33009
(The Mailing Address of the Limited Partnership.)

FILED
95 APR 18 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The latest date upon which the Limited Partnership is to be dissolved is February 1, 2025

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

Walter A. Wrono	4811 Conover Court, S.W., Ft. Myers, FL 33908
Helen Wrono	4811 Conover Court, S.W., Ft. Myers, FL 33908
Sharon Wrono	6111S.W. 130th Ave., Ft. Lauderdale, FL 33330
N/A	
N/A	

Signed this 17th day of April, 1995.

Signature of all general partners:

Walter A. Wrono
General Partner
Walter A. Wrono

N/A
General Partner

Helen Wrono
General Partner
Helen Wrono

N/A
General Partner

Sharon Wrono
General Partner
Sharon Wrono

FILED
95 APR 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

WRONO FAMILY LIMITED PARTNERSHIP I , a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,143,320.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 2,143,320.00 .

This 14th day of April , 19 95 .

FILED
95 APR 18 PM 3:08
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.

Walter A. Wrono
General Partner
Walter A. Wrono

N/A
General Partner

Helen Wrono
General Partner
Helen Wrono

N/A
General Partner

Sharon Wrono
General Partner
Sharon Wrono

N/A
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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC -4 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: WRONO FAMILY LIMITED PARTNERSHIP I

1a. DOCUMENT # A95000000625

Mailing Address: % SHARON WRONO, 211 N.W. 5TH AVENUE, HALLANDALE FL 33009

Principal Office Address: 6111 S.W. 130TH AVENUE, FT. LAUDERDALE FL 33330

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

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable ****576.25

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 04/18/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $1,143,320.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 65-0602093

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

CR 12-5-95

9. Name and Address of Current Registered Agent:
AUSTIN, SCOTT R
HOUSTON 7 SHAHADY, P.A.
100 N.E. THIRD AVE., SUITE 850
FORT LAUDERDALE FL 33301

10. If changed, New Registered Agent/Office
Name: Joseph C. Moffa
Street Address (P.O. Box Number is Not Acceptable): 110 S.E. Sixth Street
Suite, Apt. # etc.: The 110 Tower/Suite 1840
City: Ft. Lauderdale FL Zip Code: 33301

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) [signature] DATE 11/29/95

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
WRONO, WALTER A	4811 CONOVER COURT, S	FT. MYERS FL 33908	
WRONO, HELEN	4811 CONOVER COURT, S	FT. MYERS FL 33908	
WRONO, SHARON	6111 S.W. 130TH AVE.	FT. LAUDERDALE FL 333 30	

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 or 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 Sharon J. Wrono DATE 10-26-95

Typed or Printed Name of General Partner Signing Form: Sharon J. Wrono, Gen. Partner Telephone Number: 305-456-6979

0005099

A95000000625

[illegible] AN GREER [illegible] & [illegible]STENSEN
PROFESSIONAL ASSOCIATION
201 South Biscayne Boulevard
MIAMI, FLORIDA 33131

Gerald F. Richman*
Alan G. Greer*
Kenneth J. Weil
John M. Brumbaugh*
Andrew J. Mirabito*
Bruce A. Christensen**
Charles H. Johnson***
Gary S. Betensky
Diane Wagner Katzen
Manuel A. Garcia-Linares
Carroll J. Kelly
Mark A. Romance

Steven M. Brady
Lawrence H. Kunin
M. Margaret Haley
Kenneth L. Dobkin
Christine R. Roberts

Robert L. Floyd
Ray H. Pearson
Jeffrey D. Fisher
Of Counsel

305-373-4000
BROWARD 305-523-4297
FAX 305-373-4099

REPLY TO:

Miami Office

WEST PALM BEACH OFFICE:
PHILLIPS POINT EAST TOWER
777 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401-6161
TEL 561 803-3500
FAX 561 820-1608

MEMBER OF
COMMERCIAL LAW AFFILIATES
AN ASSOCIATION OF INDEPENDENT
LAW FIRMS WITH OFFICES IN
PRINCIPAL CITIES WORLDWIDE

*Certified in Civil Trial Law By The Fla. Bar
**Certified in Marital & Family Law By The Fla. Bar
***Certified in Estate Planning & Probate By The Fla. Bar

October 11, 1996

100001980401--1
-10/18/96--01093--002
*****52.50 *****52.50

Division of Corporations
Attn. Limited Partnership Filings
P. O. Box 6327
Tallahassee, FL 32314

FILED
96 OCT 18 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Wrono Family Limited Partnership I

Dear Sir or Madam:

Enclosed herein for filing is an Amendment to Certificate of Limited Partnership regarding the above limited partnership, along with our firm's check made payable to Florida Dept. of State in the amount of $52.50. Please file the enclosed amendment among your records.

Please feel free to contact our office should you have any questions regarding the enclosed.

Very truly yours,

Charles H. Johnson
For the Firm

A95-625

Name Availability	CR 10-21
Document Examiner	CR
Updater	CR
Updater Verifyer	CR
Acknowledgment	CR
W. P. Verifyer	CR

CHJ/blh
Enclosures

cc: Ms. Sharon Wrono

FILED
97 OCT 16 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT TO CERTIFICATE OF
LIMITED PARTNERSHIP

WRONO FAMILY LIMITED PARTNERSHIP I

The undersigned, Sharon Wrono, being one of the General Partners of Wrono Family Limited Partnership I, a Florida limited partnership (herein the "Partnership"), hereby files this Amendment to the Certificate of Limited Partnership of Wrono Family Limited Partnership, and states:

1. The name of the limited partnership is Wrono Family Limited Partnership I. The date of filing of the certificate of limited partnership was April 18, 1995.

2. Walter A. Wrono, one of the three original General Partners of the Partnership, died on December 15, 1996.

3. Pursuant to the provisions of the Limited Partnership Agreement of the Partnership dated April 14, 1995, and pursuant to the provisions of Florida Statute 620.157, all of the partners of the Partnership have elected to continue the business of the Partnership.

3. The Partnership hereby changes its registered office and its registered agent.

a. The street address of the present registered office is 110 S.E. Sixth Street, The 110 Tower, Suite 1840, Fort Lauderdale, FL 33301.

b. The new street address of the registered office is Miami Center, 10th Floor, 201 South Biscayne Boulevard, Miami, Florida 33134.

c. The name of the present registered agent is Joseph C. Moffa.

d. The name of the new registered agent is Charles H. Johnson.

e. The above changes have been authorized by the General Partners of the Partnership.

Wrono Family Limited Partnership I

By: _____
Sharon Wrono, General Partner

ACCEPTANCE OF REGISTERED AGENT

The undersigned, Charles H. Johnson, hereby accepts the appointment of registered agent for Wrono Family Limited Partnership I, a Florida limited partnership, and states that the undersigned is familiar with and accepts the obligations of section 620.192, Florida Statutes.

10/8/96
Date

Charles H. Johnson

FILED
96 OCT 18 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA