1201 Hays Street
Tallahassee, FL 32301
800-342-8086

A95000010629

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 18 PM 4:07

ACCOUNT NO. : 072100000032

REFERENCE : 581383 4656A

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 140.00

ORDER DATE : April 18, 1995

ORDER TIME : 2:05 PM

ORDER NO. : 581383

500001459765

CUSTOMER NO: 4656A

CUSTOMER: Esther J. Forbes, Legal Asst
GREENBERG TRAURIG HOFFMAN
LIPOFF ROSEN & QUENTEL, P. A.
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILING

NAME: WSNS PARTNERSHIP, LTD.

____ ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

4/18/95

CONTACT PERSON: Unassigned /DAS EXAMINER'S INITIALS: MK

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WSNS PARTNERSHIP, LTD.

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and §620.108 of the Florida Statutes, the undersigned, being the sole General Partner of WSNS PARTNERSHIP, LTD., hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

FILED
95 APR 14 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership is WSNS PARTNERSHIP, LTD.

2. The business address and the mailing address of the limited partnership is 3000 Island Boulevard, Apartment 706, North Miami, Florida 33160.

3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:

STEVEN B. LAPIDUS

4. The Florida street address for the registered agent is:

1221 Brickell Avenue
Suite 2100
Miami, Florida 33131

5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of WSNS PARTNERSHIP, LTD., at the place designated in this Certificate of Limited Partnership of WSNS PARTNERSHIP, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

STEVEN B. LAPIDUS
Registered Agent

Dated: April 13, 1995.

6. The name and business address of the sole general partner is as follows:

Wilma Schuster
3000 Island Boulevard
Apartment 706
North Miami, FL 33160

7. The latest date upon which the limited partnership is to dissolve is December, 2045.

IN WITNESS WHEREOF, the sole General Partner has executed the foregoing Certificate of Limited Partnership on the 13 day of April, 1995 in accordance with §620.114 of the Florida Statutes.

FILED
95 APR 18 PM 4:07
SECRETARY OF STATE
CORPORATIONS

Wilma Schuster
Wilma Schuster, General Partner

AFFIDAVIT

THE UNDERSIGNED, constituting the sole General Partner of WSNS PARTNERSHIP, LTD., a Florida Limited Partnership, hereby certifies as follows:

1. The amount of capital contributions to date of the limited partners is **$-0-**.

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

FURTHER AFFIANT SAYETH NOT.

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

Wilma Schuster
Wilma Schuster, 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

A95000000629

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 1:26

100001698181 1
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
WSNS PARTNERSHIP, LTD.

1a. DOCUMENT #
A95000000629

Mailing Address
3000 ISLAND BLVD., APT. 706
NORTH MIAMI FL 33100

Principal Office Address
3000 ISLAND BLVD., APT. 706
NORTH MIAMI FL 33100

1/22/96

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: 8205 Maxine Circle
City, State & Zip: Baltimore, Maryland 21208

2a. New Principal Office Address, If Applicable: c/o Steve Lapidus
Suite Apt. # etc: 1221 Brickell Avenue Suite 2100
City, State & Zip: Miami, FL 33131

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

3a. Date of Last Report: N/A

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: $100.00

6. FEI Number: applied for

7. CERTIFICATE OF STATUS REQUIRED
X 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
LAPIDUS, STEVEN B
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

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
SCHUSTER, WILMA	~~3000 ISLAND BLVD. APT~~ 8205 Maxine Circle	~~NORTH MIAMI FL 33160~~ Baltimore, Maryland 21208	

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: Wilma Schuster DATE: 1/4/96

Typed or Printed Name of General Partner Signing Form: Wilma Schuster, President Telephone Number: (410) 484-2737

CR2E003 (6/95)

0006107

A95000000629

csc networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

1201 HAYS STREET
TALLAHASSEE, FL 32301
(904) 222-[illegible]

800-342-8036

RECEIVED
96 JAN 22 PM 12:09
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 813936 4303929

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 191.25

ORDER DATE : January 22, 1996

ORDER TIME : 10:45 AM

ORDER NO. : 813936

CUSTOMER NO: 4303929

CUSTOMER: Esther J. Forbes, Legal Asst
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

100001694811

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN 22 PM 1:26

ANNUAL REPORT FILING

NAME: WSNS PARTNERSHIP, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

1/22/96

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: BK