

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0070

800-342-8086



A95000000630

FILED
SECRETARY OF CORPORATIONS
DIVISION
95 APR 19 PM 11:37

ACCOUNT NO. : 072100000032

REFERENCE : 581770 6221A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : April 19, 1995

ORDER TIME : 9:45 AM

ORDER NO. : 581770

CUSTOMER NO: 6221A

CUSTOMER: Gatha K. Milhorn, Legal Asst
ABEL BAND RUSSELL COLLIER
PITCHFORD & GORDON, CHARTERED
Barnett Bank Center, 8-10th Fl
240 South Pineapple Avenue
Sarasota, FL 34236-6737

500001465615
-04/26/95--01097--002
***1837.50 ***1837.50

DOMESTIC FILING

NAME: THE IDELSON FAMILY PARTNERSHIP
LTD.

ARTICLES OF INCORPORATION
XXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS:

C. TAX _____
FILING 1750.00
R. AGENT FEE 25.00
C. COPY 52.50
TOTAL 1837.50
N. BANK _____
BALANCE DUE _____
REFUND _____

4/19/95
BIC

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE IDELSON FAMILY PARTNERSHIP, LTD.,
a Florida limited partnership

RECEIVED
JAN 19 1967
MIL-37

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

THE IDELSON FAMILY PARTNERSHIP, LTD.

2. The address of the office of the Partnership is:

P. O. Box 1286
Sarasota, Florida 34230

3. The name and address of the agent for service of process on the Partnership is as follows:

Sam A. Idelson
1625 Lodge Drive South
Sarasota, Florida 34239

4. The names and business address of the general partners are as follows:

Sam A. Idelson and Doris Idelson, as Tenants
by the Entireties
P. O. Box 1286
Sarasota, Florida 34230

5. The mailing address of the Partnership is:

P. O. Box 1286
Sarasota, Florida 34230

6. The latest date upon which the Partnership shall dissolve is December 31, 2043, unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by SAM A. IDELSON and DORIS IDELSON, as Tenants by the Entireties, general partner of THE IDELSON FAMILY PARTNERSHIP, LTD., Florida limited partnership, this 5th day of April, 1995.

WITNESSES:

[Signature]
[Signature]
[Signature]
[Signature]

THE IDELSON FAMILY PARTNERSHIP, LTD.

[Signature]
SAM A. IDELSON

and

[Signature]
DORIS IDELSON, as Tenants by the entireties

"GENERAL PARTNER"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE IDELSON FAMILY PARTNERSHIP, LTD., a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 4/5/95

[Signature]
SAM A. IDELSON
Registered Agent

STATE OF FLORIDA
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared SAM A. IDELSON and DORIS IDELSON, as Tenants by the Entireties, as general partner of THE IDELSON FAMILY PARTNERSHIP, LTD., a Florida limited partnership, hereinafter referred to as "Partnership," who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is \$ 1,312,740.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.

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.

WITNESSES:

[Signature]
[Signature]
[Signature]
[Signature]

THE IDELSON FAMILY PARTNERSHIP,
LTD.

[Signature]
SAM A. IDELSON

and

[Signature]
DORIS IDELSON, as Tenants by
the entireties

"GENERAL PARTNER"

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NOTARY PUBLIC
\$5 REG 19 APR 11:37

5th The foregoing instrument was acknowledged before me, this
day of April, 1995, by SAM A. IDELSON and DORIS
IDELSON, as Tenants by the Entireties, as general partner of THE
IDELSON FAMILY PARTNERSHIP, LTD., a Florida limited partnership,
who is personally known to me and who did not take an oath.


Notary Public

Print Name GATHA K. MILHORN

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXPIRES 1996
FOUNDED 1792 GENERAL INS. CO. 1893

Comm No CC146362

STATE OF FLORIDA
NOTARY PUBLIC
APR 19 11:37

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
Kendra Mathum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JAN -3 PM 2:53

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000630

THE IDELSON FAMILY PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

1-2

Mailing Address

P.O. BOX 1206
SARASOTA FL 34230

Principal Office Address

P.O. BOX 1206
SARASOTA FL 34230

State Apt. # etc

City State & Zip

2a. New Principal Office Address, if Applicable

State Apt. # etc

City State & Zip

3. Date Partner or Registered in Do Business in
FLORIDA 04/19/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$1,312,740.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FIC Number

65-0574039

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$5.75 Additional Fee required
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 no 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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5a is greater than amount entered in 5b, 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

IDELSON, SAM A
1625 LODGE DRIVE SOUTH
SARASOTA FL 34239

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State Apt. # etc

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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, thereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.102, 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)

IDELSON, SAM A
IDELSON, DORIS

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1625 LODGE DRIVE SOUT
1625 LODGE DRIVE SOUT

11b. City, State & Zip Code

SARASOTA FL 34239
SARASOTA FL 34239

11c. Registered/
Document Number

300001686208
01/11/96 10:01 AM
***578.125 ***578.125

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

12. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(K) 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

Sam A. Idelson

DATE

12/21/95

Typed or Printed Name of General Partner Signing Form

SAM A. IDELSON

Telephone Number

(941) 277-2556