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95 APR 17 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Arnold S. Goldstein, Ph. D.
ATTORNEY-AT-LAW*

360 S. Military Trail
Deerfield Beach, FL 33442
Tel. (305) 480-8933 • Fax (305) 480-8906

*Admitted Massachusetts and Federal Bar

Massachusetts office:
161 Worcester Road
Framingham, MA 01701
(508) 626-1500

March 22, 1995

Secretary of State
Business Filing Division
409 E. Gaines St.
Tallahassee, Fl 32399

Dear Sir/Madam:

Enclosed is a check for $87.50 to cover the filing and registered agent fees for filing the LAM FAMILY LIMITED PARTNERSHIP. Please return completed forms to the address above.

Sincerely,

Beverly Sanders

Beverly Sanders
Manager

100001450584
04/18/95 010077-010
*****87.50 *****87.50

Name Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifyer	KWM
Acknowledgment	KWM
W. P. Verifyer	KWM

417

CERTIFICATE OF LIMITED PARTNERSHIP
OF

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TALLAHASSEE, FLORIDA

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

2. 360 S. Military Trail, Deerfield Beach Fl, 33442
(The Business Address of Limited Partnership)

3. David K. Lam
(Name of Registered Agent for Service of Process)

4. 360 S. Military Trail, Deerfield Beach, Fl 33442
(Florida Street Address for Registered Agent)

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

6. 360 S. Military Trail, Deerfield Beach, Fl 33442
(The Mailing Address of the Limited Partnership.)
Principal

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

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

David K. Lam	360 S. Military Trail, Deerfield Beach, Fl 33442

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 14th day of April, 1995

Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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SECRETARY
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned constituting all of the general partners of Lam Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 1,000.00.

This 14th day of April, 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 ture, to the best of my knowledge and belief.

General Partner

General Parnter

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 28 AM 10:14
pc 115

1. Name of Limited Partnership

1a. DOCUMENT # **A95000000649**

LAM FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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

Mailing Address
300 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

Principal Office Address
300 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

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

3. Date Formed or Registered to Do Business in FLORIDA: 04/17/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date: 0

6. FEI Number: 33-0674664

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

LAM, DAVID K
360 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

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
LAM, DAVID K	360 S. MILITARY TRAIL	DEERFIELD BEACH FL 33	

100001630781
-01/05/96--01111--027
****191.25 ****191.25

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 truthful, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I request the Division of Corporations, for the validity of such 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership, successor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12/11/95

Typed or Printed Name of General Partner Signing Form: DAVID K LAM

Telephone Number: 714-997-3237

CR2E003 (6/95)

0007249