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TO: DIVISION OF CORPORATIONS

FROM: EMPIRE CORPORATE KIT COMPANY

DEPARTMENT OF STATE

1402 W FLAGLER ST

STATE OF FLORIDA

SUITE 200

408 EAST GAINES STREET

MIAMI FL 33135-

INC. FL 33135-

TALLAHASSEE, FL 32309

CONTACT: RAY STORMONT

FAX: (904) 922-4000

PHONE: (305) 541-3604

FAX: (305) 541-3770

((H950000008536)))

DOCUMENT TYPE: FOREIGN LIMITED PARTNERSHIP

NAME: THE MULLER FAMILY PARTNERSHIP, LTD.

FAX AUDIT NUMBER: H950000008536

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/12/1995

TIME REQUESTED: 11:43:19

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 6

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ESTIMATED CHARGE: \$241.60

ACCOUNT NUMBER: 072450003255

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6/12/95a

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1995 JUN 12 PM 2:17
TALLAHASSEE, FLORIDA

00:11:43

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MITRANI, RYNOR & GALLEGOS, P.A.

Attorneys at Law
2200 SUNBANK INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

TELEPHONE (305) 358-0050
TELECOMPER (305) 358-0580

**FROM: NICHOLAS J. DENOVO / FL. BAR NO. 0848956
MITRANI, RYNOR & GALLEGOS, P.A.**

DATE: June 6, 1995

**RE: CERTIFICATE OF LIMITED PARTNERSHIP
APPLICATION TO DO BUSINESS IN FLORIDA**

Transmitted herewith for filing please find the following:

1. Certificate of Limited Partnership;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida

PLEASE NOTE THAT WE HAD SENT BY MAIL AN APPLICATION FOR THE SAME PARTNERSHIP THAT WAS REJECTED DUE TO THE FACT THAT THE GENERAL PARTNER'S NAME WAS NOT AVAILABLE FOR USE IN FLORIDA. THE AGENT WHO HANDLED THE PREVIOUS FILING WAS DIANE CUSHINS (904-487-6051); IF YOU HAVE A PROBLEM PLEASE CONTACT HER AS SHE HAS BEEN ADVISED THAT WE WILL ABANDON THE PREVIOUS FILING.

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, R.P. MULLER, INC., as General Partner of THE MULLER FAMILY PARTNERSHIP, LTD., (the "Partnership") does hereby make, acknowledge and file with the Secretary of State of Florida this Certificate of Limited Partnership for THE MULLER FAMILY PARTNERSHIP, LTD.

1. Name of the Partnership.

The name of the Partnership is THE MULLER FAMILY PARTNERSHIP, LTD.

2. Name and Address of Office and Agent.

The name and address of the agent for service of process of the Partnership required by Florida Statutes Section 620.105 is:

Nicholas J. DeNovio, Esquire
Mitrani, Rynor & Gallegos, P.A.
Suite 2200
One Southeast Third Avenue
Miami, Florida 33131

3. Name and Address of Sole General Partner.

The name and business address of the sole general partner of the Partnership is:

R.P. MULLER, INC., a Cayman Islands Company
c/o Nicholas J. DeNovio, Esquire
Mitrani, Rynor & Gallegos, P.A.
Suite 2200
One Southeast Third Avenue
Miami, Florida 33131

4. Mailing Address of Partnership.

The mailing address of the Partnership is:

c/o Nicholas J. DeNovio, Esquire
Mitrani, Rynor & Gallegos, P.A.
Suite 2200
One Southeast Third Avenue
Miami, Florida 33131

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5. Principal Office of Partnership.

The principal office of the limited partnership is located at:

6400 North Andrews Avenue
Suite 200
Fort Lauderdale, Florida 33309

6. Latest Dissolution Date.

The Partnership shall exist for a term commencing upon the date of filing of this Certificate of Limited Partnership and expiring on December 31, 2025, unless the Partnership shall be terminated prior to such time as provided in the Partnership's limited partnership agreement.

IN WITNESS WHEREOF, the undersigned has signed this Certificate on this 27 day of June, 1995.

GENERAL PARTNER

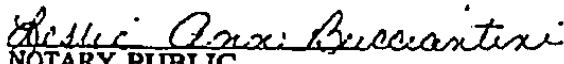
R.P. MULLER, INC.

By: 

RALPH MULLER, President

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

The foregoing instrument was sworn to and acknowledged before me this 27 day of June, 1995 by RALPH MULLER, as President of R.P. MULLER, INC., the sole General Partner of THE MULLER FAMILY PARTNERSHIP, LTD., who is personally known to me or who presented _____ as identification.


NOTARY PUBLIC

LESLIE ANN BUCCIANINI

My Commission Expires: 6-4-97

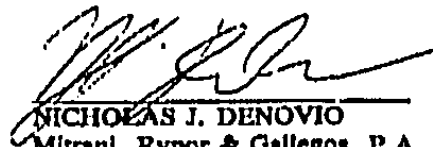


LESLIE ANN BUCCIANINI
My Commission CC290437
Expires Jun. 08, 1997
Bonded by HAJ
800-422-1805

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1995 JUN 12 PM 2:17
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the foregoing designation as agent to receive service of process for THE MULLER FAMILY PARTNERSHIP, LTD., and agrees to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.



NICHOLAS J. DENOVI
Mitrani, Ryndor & Gallegos, P.A.
One Southeast Third Avenue
Suite 2200
Miami, Florida 33131

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA)
) SS.:
COUNTY OF BROWARD)

The undersigned, RALPH MULLER, as President of R.P. MULLER, INC., the sole General Partner of THE MULLER FAMILY PARTNERSHIP, LTD., hereby declares as follows:

1. The amount of the capital contributions of the limited partners of THE MULLER FAMILY PARTNERSHIP, LTD., is Twelve Thousand Dollars (\$12,000).

2. The amount anticipated to be contributed by the limited partners of THE MULLER FAMILY PARTNERSHIP, LTD., is Ten Thousand Dollars (\$10,000).

Under penalties of perjury, the undersigned hereby declares that he has read the foregoing and that the facts stated herein are true and correct to the best of his knowledge and belief.

FURTHER AFFIANT SAYETH NOT.

R.P. MULLER, INC.
a Cayman Islands Company

By: [Signature]
RALPH MULLER, President

SWORN TO AND SUBSCRIBED before me this 8th day of June, 1995 by RALPH MULLER as President of R.P. MULLER, INC., the sole general partner of THE MULLER FAMILY PARTNERSHIP, LTD.

[Signature]
NOTARY PUBLIC
My Commission Expires: 6-9-97. LESLIE ANN BUCCIANINI



LESLIE ANN BUCCIANINI
My Commission 00283437
Expires Jan. 09, 1997
Bonded by M&A
200-422-1555

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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
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

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95 SEP 21 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000877

THE MULLER FAMILY PARTNERSHIP, LTD.

96AR
CM

Mailing Address

C/O NICHOLAS J. DENOVIO, ESQUIRE
ONE SOUTHEAST THIRD AVE., STE. 2200
MIAMI FL 33131

Principal Office Address

6400 NORTH ANDREWS AVE.
SUITE 200
FT. LAUDERDALE FL 33309

2. New Mailing Address, if Applicable

State, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

State, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA

06/12/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$22,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

Applied For

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 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 007.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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

DENOVIO, NICHOLAS J
MITRANI, RYNOR & GALLEGOS, P.A.
ONE SOUTHEAST THIRD AVE., STE. 2200
MIAMI FL 33131

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 hereby 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)

R. P. MULLER, INC.

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

ONE SOUTHEAST THIRD A

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

F95000002832

000001594136
-03/26/95--01113--023
****292.75 ****292.75

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)(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

DATE

9/14/95

Typed or Printed Name of General Partner Signer, Form

Ralph P. Muller

Telephone Number

(305) 358-0650

A950000.00877

BAKER & MCKENZIE

NICHOLAS J. DENOVIO
ATTORNEY AT LAW

BAHNETT TOWER SUITE 1800
701 BRICKELL AVENUE
MIAMI, FLORIDA 33131-7827

MAIN OFFICE (305) 789-8000
DIRECT LINE (305) 789-8030
FACSIMILE (305) 789-8053
INTERNET ADDRESS: Nicholas.Denovio@Baker.net Com

EDUCATION TESTS
04/04/96--01012--007
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Office Use Only

MER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☒	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 19 AM 10:50

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

April 9, 1996

Nicholas J. DeNovio, Esq.
701 Brickell Ave.
Suite 1600
Miami, FL 33131-2827

SUBJECT: THE MULLER FAMILY PARTNERSHIP, LTD.
Ref. Number: A95000000877

We have received your document for THE MULLER FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that was submitted is for a corporation, not a limited partnership. I have enclosed the correct form for your convenience. The \$35 previously submitted will be applied to this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 896A00016093

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Muller Family Partnership Ltd.
Name of the limited partnership

2. 6/12/95 3. A95000000877
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

Nicholas J. DeNovio, Esquire
Baker & McKenzie, 701 Brickell Ave., S. 1600
Miami, Florida 33131

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

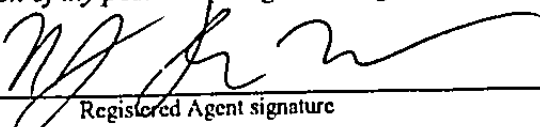
Nicholas J. DeNovio, Esquire
Baker & McKenzie, 701 Brickell Ave., S. 1600
Miami, Florida 33131

Such change was authorized by the general partners.


Signature of General Partner

4/15/96
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Registered Agent signature

6/12/96
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

96 APR 19 AM 10:50
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