

# A 95000001036

OFFICE USE ONLY (Document #)

Eckert-Seamans Cherin & Melnick  
 (Requestor's Name)  
206 S. Adams Street  
 (Address)  
Waukegan, IL 60087  
 (City, State, Zip) (Phone #)  
(904) 222-2515 (office)  
(1200) 1000000

FILED  
 SECRETARY OF CORPORATIONS  
 DIVISION OF CORPORATIONS  
 95 JUL 11 PM 2:09

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known)

200001537902  
 -07/14/95--010.09--000  
 \*\*\*1539.00 \*\*\*1539.00

1. Barwick Development Associates, Ltd.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 3:30 ☒ Certified Copy (two)  
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input type="checkbox"/>            | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

G. TAX  
 FILING 1,392.00  
 AGENT FEE 35.00  
 COPY 105.00  
 TOTAL 1,532.00  
 BANK  
 BALANCE DUE  
 PAID

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION |                     |
|----------------------------|---------------------|
| <input type="checkbox"/>   | Foreign             |
| <input type="checkbox"/>   | Limited Partnership |
| <input type="checkbox"/>   | Reinstatement       |
| <input type="checkbox"/>   | Trademark           |
| <input type="checkbox"/>   | Other               |

Examiner's Initials 13K

**AFFIDAVIT  
AND  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
BARWICK DEVELOPMENT ASSOCIATES, LTD.**

FILED  
SECTION 6  
SECRETARY OF STATE  
JUL 11 11 PM 2:09

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby state the following as the CERTIFICATE OF LIMITED PARTNERSHIP and AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS.

1. The name of the Limited Partnership is BARWICK DEVELOPMENT ASSOCIATES, LTD.

2. The office of the Partnership is 4540 Oaktree Court, Delray Beach, Florida 33445, which is also the location of its principal place of business and its mailing address.

3. The name and address of the agent for service of process required to be maintained by F.S. 620.105 are

BARWICK ASSOCIATES, INC.  
4540 Oaktree Court  
Delray Beach, Florida 33445  
ATTN: Gerald Gouchberg

4. The name and address of the General Partner are:

BARWICK ASSOCIATES, INC.  
4540 Oaktree Court  
Delray Beach, Florida 33445

PA5000010637

5. The names and addresses of the Limited Partners are:

Gerald Gouchberg  
4540 Oaktree Court  
Delray Beach, Florida 33445

Carol Miller  
360 Glenwood Drive  
Delray Beach, Florida 33445

6. The term of the Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until December 31, 2045, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

7. In accordance with F.S. 620.108, the undersigned hereby certify and declare, under the penalties of perjury, that the Limited Partners have made the cash capital contributions to the Partnership set forth opposite their respective names below:

|                  |           |
|------------------|-----------|
| Gerald Gouchberg | \$ 99,000 |
| Carol Miller     | 100,000   |

which is the total amount contributed and anticipated to be contributed by the Limited Partners at this time.

8. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his original capital contribution.

9. No Limited Partner may without the written consent of the General Partner (which consent may be unreasonably withheld) voluntarily or involuntarily sell, assign, encumber or otherwise transfer all or any part of its interest in the Partnership. Notwithstanding the foregoing, a Limited Partner may transfer all or any part of its interest in the Partnership to certain specifically designated members of such Partner's family or beneficiaries thereof, by sale, gift or devise.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contribution this 2<sup>nd</sup> day of September, 1995.

GENERAL PARTNER

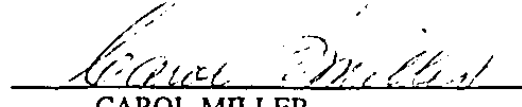
BARWICK ASSOCIATES, INC.

BY: 

GERALD GOUCHBERG, President

LIMITED PARTNERS

  
GERALD GOUCHBERG

  
CAROL MILLER

I HEREBY CERTIFY that I am the President of BARWICK ASSOCIATES, INC., a Florida corporation, which maintains its office at 4540 Oaktree Court, Delray Beach, Florida 33445. On behalf of the foregoing corporation, I hereby accept the foregoing designation of Resident Agent.

BARWICK ASSOCIATES, INC.

By: Gerald Gouchberg  
GERALD GOUCHBERG, Its President

STATE OF ~~FLORIDA~~ MASS )  
 ) SS:  
COUNTY OF ~~PALM BEACH~~ )  
ESSEX

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by GERALD ~~X~~ GOUCHBERG, who is personally known to me or who has produced \_\_\_\_\_ as identification and who DID/DID NOT take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 2<sup>nd</sup> day of June, 1995.

Judy Malloch  
Notary Public  
State of ~~Florida~~ at Large  
MASS

Judy Malloch  
Typed, printed or stamped name of Notary Public

My Commission Expires:

My Commission Expires Jan. 19, 2001

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996

A95000001036

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN -3 PM 12:13

1. Name of Limited Partnership  
1a. DOCUMENT #  
A95000001036

BARWICK DEVELOPMENT ASSOCIATES, LTD.

Mailing Address  
4540 OAKTREE COURT  
DELRAY BEACH FL 33445

Principal Office Address  
4540 OAKTREE COURT  
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable  
1355 EAST BARWICK RANCH CIR.  
State, Apt. #, etc.

City, State & Zip  
DeLray Beach, FL 33445

2a. New Principal Office Address, If Applicable  
1355 EAST BARWICK RANCH CIR.  
State, Apt. #, etc.

City, State & Zip  
DeLray Beach, FL 33445

3. Date Formed or Registered to Do Business in  
FLORIDA 07/11/1995

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
\$199,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date  
100,000.00

6. FEI Number  
65-0594707

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED  
\$6.75 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 607.103, 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

BARWICK ASSOCIATES, INC.  
4540 OAKTREE COURT  
DELRAY BEACH FL 33445

10. If changed, new Registered Agent/Office

Name

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

1355 EAST BARWICK RANCH CIRCLE

State, Apt. #, etc.

City  
DeLray Beach

Zip Code  
FL 33445

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) | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/<br>Document Number                        |
|-----------------------------------|------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------|
| BARWICK ASSOCIATES, INC.          | 4540 OAKTREE COURT                                                           | DELRAY BEACH FL 33445       | P95000010637                                                 |
|                                   |                                                                              |                             | 600001687450<br>-01/11/95--01/07--003<br>+++576.25 +++576.25 |
|                                   |                                                                              |                             | KWM                                                          |

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 form is voluntarily furnished, is true and correct, and that I am a General Partner of the limited partnership, receiver or trustee of the partnership, and I am not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with section 119.07(3)(b) in the event that the information supplied is disclosed except from public access. I further certify that the information indicated on this annual report is true and accurate and that the 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, and I am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Gerald L. Luchinsky  
Gerald Luchinsky

Telephone

DATE

12-29-95

or

407-637-3007