A95000000 1189 FRIEDLANDER, MISLER, FRIEDLANDER, SLOAN & HERE

SUITE 700

August 2, 1995

IIOI SEVENTEENTH ST., N.W. WASHINGTON, D.C. 20036-4704

TELEPHONE (202) 872-0800 TELECOPIES (202) 857-8343

OF COUNSEL JACK L. FRIEDLANDES ALBERT D. MIBLER RETIRED

STEPMEN M. FRIEDLANDER LEONARD A. BLOAM! GERALD HERE! MORRIS KLETZKIN! JEFOME OSTROV. P.C.?» JANA KAY GUGEN HEIM! PHILIPPA J. JOANIER! JAMES J. GALLINARD! BETH B. SHAPIRO!! BETH B. SHAPIRO!! ROBERT J. STRAYHORNEW ALAN D. SUNDBURG! MARK D. CRAWFORD!

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> Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

> > Re: JACIDA-2 Limited Partnership

000001554610 -08/08/95--01035--002 *****52.50 *****52.50

000001554610 -08/08/95--01035--003 *****35.00 *****35.00

Dear Sir or Madam:

Enclosed please find a certificate of limited partnership (and designation of registered agent) for the JACIDA-2 Limited Partnership as well as an affidavit of capital contribution showing capital contributions of \$1,000. There is also enclosed (i) a check in the amount of \$52.00 in payment of the filing fee for the foregoing, and (ii) a check in the amount of \$35.00 for the designation of registered agent.

Please contact the undersigned should you have any questions. In addition, please forward the certificate of limited partnership to the undersigned. Thank you for your attention.

Jerone Ostrov

Enc.

8/8/950

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SECRETARY OF STATE

TALLAHASSEE FLORING

CERTIFICATE OF LIMITED PARTNERSHIP A FLORIDA LIMITED PARTNERSHIP

The undersigned general partner desiring to form a limited partnership support to Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620.108 of the Florida Statutes, hereby state the following:

- 1. The name of the Partnership is JACIDA-2 LIMITED PARTNERSHIP.
- 2. The address of the office of the Partnership is:

4040 W. Palmaire Drive, #105 Pompano Beach, Florida 33069

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

IDAJAC, L.C. (a Florida Limited Liability Company) 4040 W. Palmaire Drive, #105 Pompano Beach, Florida 33069

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

IDAJAC, L.C. (a Florida Limited Liability Company) 4040 W. Palmaire Drive, #105 Pompano Beach, Florida 33069

5. The mailing address of the Partnership is:

4040 W. Palmaire Drive, #105 Pompano Beach, Florida 33069

- 6. The latest date upon which the Partnership shall dissolve is December 31, 2044.
- 7. The effective date of this Certificate of Limited Partnership shall be the date this Certificate is filed with the Florida Department of State.

[Signature and Notarial on Next Page]

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of JACIDA-2 LIMITED PARTNERSHIP this Aday 1995. GENERAL PARTNER IDAJAC, L.C. Jack Diener, Trustee the Jack Diener Living Tru Managing Member Washington District of Columbia The foregoing Certificate of Limited Partnership was acknowledged before me this day of Auc. 1995, by JACK DIENER, Trustee, the JACK DIENER LIVING TRUST, who represented himself to be the person signing in the capacity set forth above, who is personally know to me or who has produced Florida State Driver's License Number D560400147660, as identification and who did take an oath. WITNESS my hand and official seal in the County and State last aforesaid this _ day of /hug., 1995. My Commission Expires:

MODELY FUBLIC DISTRICT OF COMMEN My Commission Expires May 14, 2000

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for JACIDA-2 LIMITED PARTNERSHIP, a FLORIDA limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

IDAJAC, L.C.

Bv.

Jack Diener, Trustee the Jack Diener Living Trust, Managing Member

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SECRETARY OF STATE
ANALYSISE FIRMAN

AFFIDAVIT OF CAPITAL CONTRIBUTION

BEFORE ME, the undersigned, personally appeared JACK DIENER, Trustee, the JACK DIENER LIVING TRUST, as the Managing Member of JACIDA L.C., the sole general partner of JACIDA-2 LIMITED PARTNERSHIP, a Florida limited partnership (hereinafter the "Partnership"), who, upon being duly sworn, certified as follows:

- 1. The amount of capital contributions to the Partnership made by the limited partners is as follows: \$1,000.00.
- 2. The amount of additional capital contributions anticipated to be contributed by the limited partners is as follows: unknown at this time.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER

JACIDA L.C.

A . . .

By: Jack Diener, Trustee

the Jack Diener

Living Trust, Managing Member

FILED

SECRETARY OF STATE

Washington

District of Columbia

The foregoing Affidavit of Capital Contribution was acknowledged before me this day of day 1995, by JACK DIENER, Trustee, the JACK DIENER LIVING TRUST, who represented himself to be the person signing in the capacity set forth above, who is personally know to me or who has produced Florida State Driver's License Number D560400147660, as identification and who did take an oath.

Notary Public

Namo: Jaties C. Smith

My Commission expires: NOBRY RIBLE DEFINITION OF 14, 2000

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SECRETARY OF STATE
MANASSEE, FLORIDA

FILE ON OR BEFORE BESEMBER 31, 1986 OR PARTHERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996



FLORIDA DEPARTMENT CF STATE

SarvPs Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

A95000001189

FILED 95 NOV 15 PH 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

JACIDA-3 LIMITED PARTNERSHIP

CM

DO NOT WRITE IN THIS SPACE 2. New Making Address If Applicable

Mailing Address 600 W. PALMARE DR., #166 POMPANO SEACH PL SEED

T. Name of Limited Partnership

Principal Office Adaress

4940 W. PALMARE DR., #166 POMPHIO SEACH PL SEED

Suite, Apt #, etc City State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apr. #, etc.

If shove addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 wild/or 2a

Date Formed or Registered to Do Business in FLORIDA. 08/07/1985

3a, Date of Last Report

4. State or Country of Formation

City, State & Zip

50, Capital Contributions as Showr

Amount of Capital Contributions in FLORIDA to date.

6. FEI Number 65-0544379

Applied For

7. CERTIFICATE OF STATUS REQUIRED

\$1,000.00

Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a lt 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50 2.) Supplemental Fee: \$138.75 (pursuant to section 607.183, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.76) AND NO MORE THAN \$576.25 (\$437.50 + \$138.76)

9. Name and Address of Current Registered Agent

Note: If the amount entered in 5b is greater than amount entered in 5s, a supplemental attidated must be submitted along with a separate and appropriate fiting fee MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

DANC, LC.

4040 W. PALMAGE DR., #105 PORPANO SEACH PL 2008

10. If changed, new Registered Agent/Office

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

Suite, Apt #, etc.

City

Zip Code

100. Pursuant to the provisions of sections 620-1051 and 620-192, Florida Statutes, the above-named limited partnership organized or reprinted under the laws of the State of Florida, submits this statem for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized Fy its general partner(s), I hereby accept the appointment of registere 1 agent I am familiar with and accept the obligations of section 620,192, Florida Statutes

SIGNATURE (Registered Apent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11a. Address of Each General Parties'
(Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 116. City, State & Zip Code 11c. Document Number منسن, سر 4040 W. PALBAGE UR., POMPANO SEAUN FL 3398 600001645666 -11/27/95--01062--009 ****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. If do hereby certify that the information supplied with this filling is voluntarily furnished and daris not quality for the exemption states in Section 119-77(3)(k). Florida Statutes it release the Division of Comporations from any liability of non-compliance with Section 119.07(3)(k) in the event first the information supplied is disensed exempt from public access. I further certify that the information, indicated on this annual report is true and accurate and that my signisture shall have the same legal effects as it made under oath 1 further certify that I am a General Partner of the limited estimates the same legal effects as it made under oath 1 further certify that I am a General Partner of the limited estimates the same legal. empowered to execute this report as required by phapter 620, Florida Statutes THUS DI

SIGNATURE .

Typed or Printed Name of General Partner Signing/Form

CR2E003 (6/95)