

A95000001368

MICHAEL DIDZOW
GARY A. KORN
GARY L. BROWN
RICHARD C. WOLFE
PAUL R. LIPSON
GEORGE A. MINSKI
REBECCA S. TRINKLER
ALAN H. SCHNEIDER
DAVID C. JACOBSON
JENNIFER LEVIN
NEAL I. SKLAR
MICHELLE A. MARACINI
MARCY S. RESNIK
ARLENE MENENDEZ

BELIZON, JOHN R. K., J. A.
ATTORNEYS AT LAW
SUITE 200
20803 DISCAYNE BOULEVARD
AVENUE, FLORIDA 33180
TELEPHONE (305) 935-6888

REPLY TO:
P.O. BOX 8020
TALLAHASSEE, FLORIDA 32308

(TROWARD) (305) 523-6001

TELECOPIERS:
MAIN (305) 936-9502
REAL ESTATE (305) 932-6043
LITIGATION (305) 936-2795

ALAN J. KAN
(1947 - 1994)

August 28, 1995

AR00001575818
-09/01/95--01008--001
*****87.50 *****87.50

Certified Mail, Return Receipt Requested
Florida Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: The Shrednick Family Limited Partnership 95-I
Our File No. 3610.0

To whom it may concern:

Enclosed please find a Certificate of Limited Partnership, Affidavit of Capital Contribution and a check in the amount of \$87.50 for the filing fee. Please process each accordingly and return a stamped copy of the Certificate to the undersigned.

Thank you for our attention to this matter.

Very truly yours,

David C. Jacobson
DAVID C. JACOBSON
For The Firm

DCJ/wp:md
enc.

DCJ3610.0\43830.01

FILED
1995 SEP 13 AM 9:20
TALLAHASSEE, FLORIDA

~~A95000001368~~

9.1.95



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 1, 1995

DAVID C. JACOBSON, ESQUIRE
BEDZOW, KORN & KAN, P.A.
POST OFFICE BOX 8020
HALLANDALE, FL 33008

SUBJECT: SHREDNICK FAMILY LIMITED PARTNERSHIP 95-1
Ref. Number: W95000017675

We have received your document for SHREDNICK FAMILY LIMITED PARTNERSHIP 95-1 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must include original signatures.

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) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 595A00040821

BEDZOW, KORN & KAN, P. A.

ATTORNEYS AT LAW

SUITE 200

20801 DISCANY BLVD.

AVENTURA, FLORIDA 33180

TELEPHONE (305) 933-6888

MICHAEL BEDZOW
DARY A. KORN
DARY L. BROWN
RICHARD C. WHITE
PAUL R. LIPSON
GEORGE A. MINSKI
REBECCA S. TRINKLER
ALAN B. SCHNEIDER
DAVID C. JACOBSON
JENNIFER LEVIN
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MARCY S. RESNIK
ARLENE MENENDEZ

REPLY TO:
P.O. BOX 6020
TALLAHASSEE, FLORIDA 32304

(BROWARD) (305) 523-6001

TELECOPIERS:
MAIN (305) 936-9302
REAL ESTATE (305) 932-6043
LITIGATION (305) 936-2793

ALAN J. KAN
(1947 - 1994)

September 6, 1995

VIA: CERTIFIED MAIL - RETURN RECEIPT REQUESTED

*Florida Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314*

**Re: The Shrednick Family Limited Partnership 95-1
Our File No. 3610.0**

To whom it may concern:

Enclosed please find the original Certificate of Limited Partnership signed by the registered agent, Affidavit of Capital Contribution and a copy of a letter from your department dated September 1, 1995. Please process each accordingly and return a stamped copy of the Certificate to the undersigned.

Thank you for our attention to this matter.


Very truly yours,


DAVID C. JACOBSON
For The Firm

3610/dcj/43830

CERTIFICATE OF LIMITED PARTNERSHIP
OF

SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I

1. SHREDNICK FAMILY LIMITED PARTNERSHIP 95-I A9500001368
(Name of Limited Partnership)
2. 17570 Atlantic Boulevard, Apartment #317, North Miami Beach,
Florida 33160
(The Business Address of Limited Partnership)
3. Richard C. Wolfe, Esq.
(Name of Registered Agent for Service of Process)
4. 20803 Biscayne Boulevard, Suite 200, Aventura, Florida 33180
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as
for Registered Agent for Service of Process)
6. 17570 Atlantic Boulevard, Apartment #317, North Miami Beach,
Florida 33160
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be
dissolved is December 31, 2019.
8. NAME OF GENERAL PARTNER AND SPECIFIC ADDRESS:

SAMUEL SHREDNICK, JR.
17570 Atlantic Boulevard
Apartment #317
North Miami Beach, Florida 33160

Signed this 25 day of August, 1995.

Signature of the General Partner:


SAMUEL SHREDNICK, JR., General Partner

FILED
1995 SEP 13 AM 9:21
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of Shrednick Family Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 10.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 10.00.

This 25 day of August, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

SAMUEL SHREDNICK, JR. General Partner

STATE OF FLORIDA)

COUNTY OF)

SS:

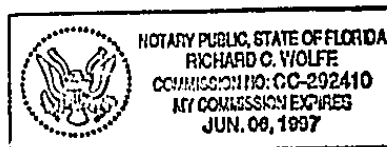
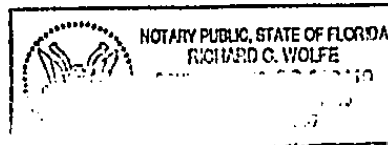
The execution of the foregoing instrument was acknowledged before me this 25 day of August, 1995 by SAMUEL SHREDNICK, JR., who is personally known to me or has produced Personally Known as identification, and who did take an oath.

My Commission Expires:

[Signature]
Notary Public, State of Florida

Print Name: _____

DCJ\43253.01



FILED
1995 SEP 13 AM 9 21
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

1. Name of Partnership
1a. DOCUMENT #
A95000001368

SHREDNICK FAMILY LIMITED PARTNERSHIP 95-1

17570 ATLANTIC BLVD
APT. #317
NORTH MIAMI BEACH FL 33100

3. Date of Report
FLORIDA
09/13/1995

3a. Date of Report
FL

5n. Amount of Fee
\$10.00

8. FEES: 1. Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if blank, with a minimum filing fee of \$12.50 and a maximum of \$437.50.
2. Supplemental Fee. \$138.75 pursuant to section 627.101(1), F.S.
THE ABOVE FEE SHALL BE PAID BY THE PARTNER OR PARTNERS OF THE PARTNERSHIP TO THE DEPARTMENT OF STATE, TALLAHASSEE, FLORIDA.
Note: If the amount entered in 5b is greater than the amount entered in 5a, a supplemental fee shall be calculated using 5b as the base amount and the appropriate filing fee.
MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
WOLFE, RICHARD C
20803 BISCAYNE BLVD.
STE. 200
AVENTURA FL 33180

10a. I, the undersigned, being a partner or partner in the partnership named in the title of this report, do hereby certify that the partnership named in the title of this report is organized and operated under the laws of the State of Florida, and that the partnership is a general partnership, and that the undersigned is a general partner in the partnership named in the title of this report.

SIGNATURE (Registered Agent or Reporting Agent)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner	11a. Address of Each General Partner	11b. City, State & Zip Code	11c. Registered Agent
SHREDNICK, SAMUEL JR.	17570 ATLANTIC BLVD.,	NORTH MIAMI BEACH FL	

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

12. Signature of General Partner
Samuel Shrednick Jr.
3/18/96
(305) 931-8036