

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10149, Tallahassee, FL 32302

TALLAHASSEE, FL 32302-3470

(904)222-1222

**A95 000001671**

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
Ono Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*WALK-IN*

U. TAX *11/2/95*  
FILING 52.50  
R. AGENT FEE 75.00  
C. COPY 52.50  
TOTAL 141.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>AAK</u>	_____	_____	_____

WALK-IN  
Will Pick Up \_\_\_\_\_

RE Lowell Family Limited

Capital Express™  
Art. of Inc. File 500001631855  
Corp. Record Search -11708795--01049--025  
☒ Ltd. Partnership File \*\*\*\*140.00 \*\*\*\*140.00  
Foreign Corp. File \_\_\_\_\_  
☒ ( ) Cert. Copy(s) \_\_\_\_\_

Art. of Amend., File \_\_\_\_\_  
Dissolution/Withdrawal \_\_\_\_\_  
C U S- \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_

Name Reservation \_\_\_\_\_  
Annual Report/Reinstatement \_\_\_\_\_  
Reg. Agent Service \_\_\_\_\_  
Document Filing \_\_\_\_\_

Corporate Kit \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
Document Retrieval \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
File No.'s, \_\_\_\_\_ Copies \_\_\_\_\_  
Courier Service \_\_\_\_\_  
Shipping/Handling \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Top Priority \_\_\_\_\_  
Express Mail Prep. \_\_\_\_\_  
FAX ( ) \_\_\_\_\_ pgs. \_\_\_\_\_

## SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

## CERTIFICATE OF LIMITED PARTNERSHIP

**THE UNDERSIGNED** General Partner does hereby make, acknowledge and file with the Secretary of State of Florida this Certificate of Limited Partnership for **LEVY FAMILY LIMITED PARTNERSHIP ("Partnership") OF FT. LAUDERDALE.**

1. Name of the Partnership.

The name of the Partnership is **LEVY FAMILY LIMITED PARTNERSHIP  
OF FT. LAUDERDALE**

2. Name and Address of Office and Agent.

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

**BRUCE J. LEVY  
3661 N. Federal Highway  
Ft. Lauderdale. FL 33308**

3. Name and Address of General Partners.

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

**BRUCE J. LEVY  
3661 N. Federal Highway  
Ft. Lauderdale. FL 33308**

4. Mailing Address of Partnership.

The mailing address of the Partnership is:

**c/o BRUCE J. LEVY, General Partner  
3661 N. Federal Highway  
Ft. Lauderdale. FL 33308**

5. 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, 2015, unless the Partnership shall be terminated prior to such time as provided in the Partnership's limited partnership agreement.

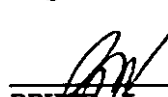
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV - 2 AM 10:02

IN WITNESS WHEREOF, the General Partner has set his hand  
seal below, as of this 30 day of October, 1995.

GENERAL PARTNER

  
\_\_\_\_\_  
BRUCE J. LEVY

The undersigned hereby accepts the foregoing designation as  
agent to receive service of process for LEVY FAMILY LIMITED  
PARTNERSHIP OF FT. LAUDERDALE and agrees to comply with any and all statutes  
relative to the complete and proper performance of the duties of  
registered agent.

  
\_\_\_\_\_  
BRUCE J. LEVY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -2 AM 10:02

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 NOV -2 AM 10:02

AFFIDAVIT

STATE OF FLORIDA       )  
                              ) SS:  
COUNTY OF PALM BEACH )


The undersigned, who is the General Partner of **LEVY FAMILY LIMITED PARTNERSHIP**, declares as follows:  
                                    **OF FT. LAUDERDALE**

1. The amount of the capital contribution of the General partner of **LEVY FAMILY LIMITED PARTNERSHIP** is One Hundred Dollars (\$100.00).  
  **OF FT. LAUDERDALE**

2. The amount of the capital contribution of the limited partner of **LEVY FAMILY LIMITED PARTNERSHIP** is Two Hundred Dollars (\$200.00).  
  **OF FT. LAUDERDALE**

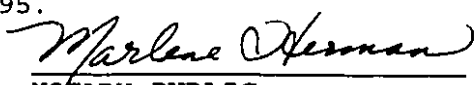
Under penalties of perjury, I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

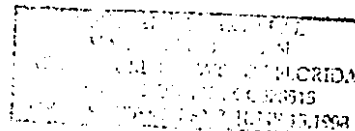
**FURTHER AFFIANT SAYETH NOT.**

  
\_\_\_\_\_  
**BRUCE J. LEVY**

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared **BRUCE J. LEVY**, to me known or who has produced Drivers License as identification to be the person described, who signed the foregoing instrument as such person, and acknowledged the execution thereof to be their free act and deed as such person for the uses and purposes therein mentioned.

WITNESS my hand and seal in the State and County last aforesaid this 28th day of October, 1995.

  
\_\_\_\_\_  
**NOTARY PUBLIC**



No additional limited partnership contributions are anticipated at this time.

APRIL 5, 1996 TO AVOID  
\$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 APR 10 AM 9:44

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001671**

**LEVY FAMILY LIMITED PARTNERSHIP OF FT. LAUDERDALE**

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc

City, State & Zip

Mailing Address

**3861 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308**

Principal Office Address

**3861 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308**

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

3. Date Formed or Registered to Do Business in  
FLORIDA

**11/02/1995**

3a. Date of Last Report

4. State or Country of Formation

**FL**

5a. Capital Contributions as Shown  
on Record

**\$200.00**

5b. Amount of Capital Contributions in  
FLORIDA to date

**\$231,905**

6. FEI Number

**65-0440444**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$8.75 Additional Fee required  
for a Certificate of Status

3. 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

**\$576.25**

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

**LEVY, BRUCE J  
3861 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308**

10. If changed, now Registered Agent/Office

Name

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

Suite, Apt. #, etc

City

Zip Code

**FL**

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  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**LEVY, BRUCE J**

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

**3861 NORTH FEDERAL HI**

11b. City, State & Zip Code

**FT. LAUDERDALE FL 333**

11c. Registration/  
Document Number

**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 20, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

**BRUCE J. LEVY**

Telephone Number

**954-561-4112**

# A95000001671

4/09/96 CORPORATE DETAIL RECORD SCREEN  
NUM: A95000001671 ST:FL ACTIVE/FL LP FLD: 11/02/1995

4:13 PM

ACT CONT: 200.00  
NAME : LEVY FAMILY LIMITED PARTNERSHIP OF FT. LAUDERDALE  
PRINCIPAL: 3661 NORTH FEDERAL HIGHWAY  
ADDRESS FT. LAUDERDALE, FL 33308  
RA NAME : LEVY, BRUCE J  
RA ADDR : 3661 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33308  
ANN REP : \* NONE FILED \*

600001778896  
-04/12/96--01089--007  
\*\*\*1623.33 \*\*\*1623.33

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 10 AM 9:17

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

Name	A95000001671
Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR A FLORIDA LIMITED PARTNERSHIP**

The undersigned, constituting all of the general partners of LEVY FAMILY LIMITED PARTNERSHIP OF FT. LAUDERDALE, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida statutes.

The total amount of the capital contributions of the limited partners is \$231,905.

This 2nd day of April, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts are true, to the best of our knowledge.

  
\_\_\_\_\_  
BRUCE LEVY  
GENERAL PARTNER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 10 AM 9:17