

1501 MAY 5 STREET
TALLAHASSEE, FL 32304
904-222-1171
904-222-1172
A95000002021
RECEIVED



95 DEC 22 PM 12:20

DIVISION OF CORPORATION

500001670235
-12/26/95--01028--001
***1837.50 ***1837.50

ACCOUNT NO. : 072100000032

REFERENCE : 780761 4656A

AUTHORIZATION : *Patricia TRJ*

COST LIMIT : \$ PREPAID

ORDER DATE : December 22, 1995

ORDER TIME : 10:57 AM

ORDER NO. : 780761

CUSTOMER NO: 4656A

CUSTOMER: Esther J. Forbes, Legal Asst
GREENBERG TRAURIG HOFFMAN
LIPOFF ROSEN & QUENTEL, P. A.
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

FILED
95 DEC 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOMESTIC FILING

NAME: LURIE FAMILY PARTNERSHIP
1995, LTD.

FF-\$1,750.00
RA-\$35.00
CC CC \$52.50

 ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: _____

12/22/95

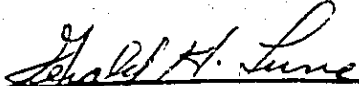
195000002021
**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LURIE FAMILY PARTNERSHIP 1995, LTD.**

FILED
95 DEC 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1993), and §620.108 of the Florida Statutes, the undersigned, being the sole General Partners of LURIE FAMILY PARTNERSHIP 1995, LTD., hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is:
LURIE FAMILY PARTNERSHIP 1995, LTD.
2. The business address and the mailing address of the limited partnership is:
**1905 N.E. 146th Street
North Miami, Florida 33181**
3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is:
Gerald H. Lurie
4. The Florida street address for the registered agent is:
**1905 N.E. 146th Street
North Miami, Florida 33181**
5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of LURIE FAMILY PARTNERSHIP 1995, LTD., at the place designated in this Certificate of Limited Partnership of LURIE FAMILY PARTNERSHIP 1995, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.


GERALD H. LURIE, Registered Agent

Dated: Dec. 19, 1995

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 MAR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002021

LURIE FAMILY PARTNERSHIP 1995, LTD.

Mailing Address

1805 NE 146TH ST.
NORTH MIAMI FL 33181

Principal Office Address

1805 NE 146TH ST.
NORTH MIAMI FL 33181

2. New Mailing Address, if Applicable

Suite, Apt. # etc.

200001762152

City, State & Zip

-03/23/96--01020--017
****138.75 ****138.75

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

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

12/22/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

\$2,500,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

2,500,000.00

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b 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 507.183, 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 amount 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

LURIE, GERALD H
1805 NE 146TH STREET
NORTH MIAMI FL 33181

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. # etc.

City

200001762152

-03/29/96--01020--018

****437.50 ****437.50

FL

OK
3-28

10a. Pursuant to the provisions of sections 626.1051 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)

**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)

LURIE DEVELOPMENT, INC.

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

1805 NE 146TH ST.

11b. City, State & Zip Code

NORTH MIAMI FL 33181

11c. Registration/
Document Number

P000000000

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 *Gerald H. Lurie*

DATE

2/15/96

Typed or Printed Name of General Partner Signing Form

GERALD H. LURIE

Telephone Number

(305) 947-3150

CR2E03 (1/95)