

**A99000001391**

Florida Department of State  
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## FLORIDA LIMITED PARTNERSHIP

S.T. FOX LIMITED

W99-19395

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
S. T. FOX LIMITED  
A FLORIDA LIMITED PARTNERSHIP**

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, hereby state:

1. The name of the limited partnership is S. T. FOX LIMITED
2. The business address of the limited partnership is 229 Ocean Boulevard, Golden, Beach, Florida 33160.
3. The name of the Registered Agent for Service of Process on the limited partnership is Robert Fox.
4. The Florida street address for the Registered Agent is 229 Ocean Boulevard, Golden, Beach, Florida 33160.
5. ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for S. T. FOX LIMITED a Florida limited partnership, I hereby agree to act in that capacity, and on behalf of the limited partnership, to accept service of process for the limited partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.



ROBERT FOX

6. The mailing address of the limited partnership is 229 Ocean Boulevard, Golden, Beach, Florida 33160.
7. The latest date upon which the limited partnership is to be dissolved is December 31, 2030.
8. The name of the general partner is ROBERT FOX and his address is 229 Ocean Boulevard, Golden, Beach, Florida 33160

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated therein are true and correct.

Signed this 20 day of August, 1999.



ROBERT FOX

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR S. T. FOX LIMITED  
A FLORIDA LIMITED PARTNERSHIP**

The undersigned, constituting the sole general partner of S. T. FOX LIMITED, a Florida limited partnership, certify:

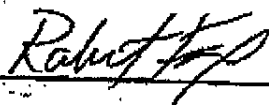
The amount of capital contributions to date of the limited partners is \$500,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time is \$500,000.

Signed this 20 day of August, 1999.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated therein are true and correct.



Robert Fox

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STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
S. T. Fox Limited

Insert limited partnership's Florida document number: \_\_\_\_\_  
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLP  
("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "LLP," "RLLP," or "LLP")

3. The street address of its chief executive office: 229 Ocean Boulevard  
(if different from current recorded address): Golden Beach, Florida 33160

4. The street address of principal office in Florida: \_\_\_\_\_  
(if different from above) \_\_\_\_\_

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
X as of the date this document is filed with the Florida Secretary of State  
or  
\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:  
Robert Fox  
229 Ocean Boulevard  
Golden Beach, Florida 33160

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 20th day of August, 19 99

Signature of TWO Partners: \_\_\_\_\_

Typed or printed names of partners signing above: Robert Fox  
Sandy T. Fox