P.O. BOX 1247 LINDEN, NEW JERSEY 07036

April 15, 2002

300005312813--5 -04/22/02--01048--001 ******52.50 ******52.50

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 ATTN: Registration Section

Dear Sir/Madam:

300005312813--5 -05/13/02--01084--005 *****35.00 *****35.00

Enclosed for processing are the following:

- 2. Affidavit of capital contributions
- 3. Check for filing fee in the amount of \$52.50.

If you need anything further, please contact the undersigned at 800-488-6128 on between the hours of 8 a.m. and 5 p.m., Monday – Friday. You may address acknowledgement to:

Lutz Realty Florida P.O. Box 1247 Linden, New Jersey 07036 ATTN: Henry Lutz

Thank You,

Lutz Vealty Florida Henry Lutz, Mgr.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 26, 2002

LUTZ REALTY FLORIDA PO BOX 1247 HENRY LUTZ LINDEN, NJ 07036

SUBJECT: LUTZ REALTY FLORIDA, L.P.

Ref. Number: W02000012056

We have received your document for LUTZ REALTY FLORIDA, L.P. and check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

• •	
Certified Copy (15 pages or less, \$1 for each additional	\$52.50
page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	·
(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	AA
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report/Uniform Business Report	

annual report/uniform business report fees) 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

Tammi Cline **Document Specialist**

(850) 245-6020.

\$7 per \$1000 of invested capital (\$52.50 minimum - \$437.50 maximum)

(\$500 for each year or part thereof the partnership was revoked plus the delinquent

plus Supplemental Fee of \$138.75 Reinstatement

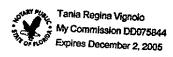
Letter Number: 402A00025771

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LUTZ REALTY Flo	RidA, L.P.
(Name of limited partnershi	p as it is in the home state)
2	
(If name is unavailable, name under which the limited Florida; must contain the wo	partnership proposes to register or transact business in ord "LIMITED" or "LTD.")
3. New JERSEY 4. (State of Formation)	(Data of Formation)
5. RICHARD LUTZ (Name of Registered Agent for Ser	
(Name of Registered Agent for Ser	vice of Process)
6. 2200 N.W. 17 ^{±h} ST. (Street Address of	2Nd Floor
_	
PomPano Beach	Florida 33069
(City)	(Zip Code)
7. Acceptance by the Registered Agent for Service of Pro	cess:
D 1. 1 >	2 M SECHEN SEE OF M S
(illad)	ALANY ALANY AND
A - 2 - 2 - 1	
LINDEN, NJ 070	36 partial or, if not required, address of principal office.
(Address of registered office required in state of form	nation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
Ω_{i} , I , I	2200 N.W. 17th ST.
KichARD Lutz	2200 N.W. 17th ST.
	2200 N.W. 17th ST.
STUART LUTZ	Pompano BEACh, FL 33069
	•
10. 2020 Clinton St., Lin (Office where Names, Addresses and Con	DEN, NJ 07036
(Office where Names, Addresses and Con	tributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. P.O. Box 1247	·	
LINDEN, NJ 07036		
(Mailing Address of Limited Partnership)		
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and knot thereof and that the facts stated herein are true and correct.	ow the contents	
Signed this 18th day of April 18th day of General Partner	2002 _x	
COUNTY OF BROWALD		
On this 18 day of April, 15 2002 Richard Lutz personally appear	red before me,	
	- S	
who is personally known to me		
whose identity I proved on the basis of	02 MAY 16 SECTIONS TALLAHAS	<u> 11</u> .
whose identity I proved on the basis of	PA Ri≥	
	<u> </u>	U
A areig Tigals (Notary Public Signature)	9: 17 STATE LORIDA	
Notary's Printed Name)		-
Sea! My Commission Expires: 12/2/2005	-	



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

$\tilde{\mathcal{D}}_{t,c}$ () $t = 1$
BEFORE ME the undersigned personally appeared Richard Lutz
a general partner of LUTZ Realty Florida, L.P., a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
Signed this 18th day of April ,15 2002
Général Partner STATE OF + LORIDA Général Partner STATE OF + LORIDA
COUNTY OF Browner STATE OF THE
On this 18th day of April , 12 2002 5
Richard Lutz, personally appeared before me,
What is necessarily become to me
who is personally known to me whose identity I proved on the basis of
6 arcia + Vigob (Notary Public Signature)
1ania Wignolo (Notary's Printed Name)
Seal My Commission Expires: 12/5/2005

