

CT CORPORATION

B 02000000188

CORPORATION(S) NAME

Janet L. Schlanger Family Partners, L.P.

FILED
MAY 29 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
MAY 29 PM 2:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/29/02



Order#: 5326209

kf

Ref#: _____

100005638191--5
-05/29/02-01059-004
Amount: \$ ***1785.00 ***1785.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 29, 2002

02 MAY 29 PM 3:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: JANET L. SCHLANGER FAMILY PARTNERS, L.P.
Ref. Number: W02000015565

We have received your document for JANET L. SCHLANGER FAMILY PARTNERS, L.P. and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,785.00 payment.

The R.A. MUST SIGN in Item 7.

Also, please list the address called for in Item 8. This would probably be the New York City address.,

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 (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 802A00034657

*Sorry
Please back date
to 5/29/02*

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 MAY 30 PM 12:33

RECEIVED

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

FILED
02 MAY 29 PM 3:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. JANET L. SCHLANGER FAMILY PARTNERS, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. NEW YORK 4. 4/1/2002
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)
6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)
- Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
Connie Bryan
(Agent must sign on this line)
- CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

8. 597 Fifth Avenue, 9th floor
New York NY 10017
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>JANET L. SCHLANGER</u>	<u>1281 GULF OF MEXICO DRIVE</u>
	<u>UNIT 802</u>
	<u>LONGBOAT KEY, FL 34228</u>

10. 597 FIFTH AVENUE, 9TH FLOOR, NEW YORK, NY 10017
(Office where Names, Addresses and Contributions 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.

CONTINUED

12. OFFICES OF JOSEPH BARATTA

597 FIFTH AVENUE, 9TH FLOOR, NEW YORK, NY 10017

(Mailing Address of Limited Partnership)

Under 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.

This 30 day of APRIL, 2002

Janet L. Schlanger
General Partner

STATE OF FLORIDA

COUNTY OF SARASOTA

On this 30 day of APRIL, 2002

Janet Schlanger personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Joyce A. Giquinto
(Notary Public Signature)
JOYCE A. GIQUINTO
(Notary's Printed Name)



My Commission Expires: MARCH 1, 2004

FILED
MAY 29 PM 3:24
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared JANET L. SCHLANGER
a general partner of JANET L. SCHLANGER FAMILY PARTNERS, a (an) LP
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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02 MAY 29 PM 3:24
SERIES 1001 OF 500
TALLAHASSEE, FLORIDA

1. The amount of capital contributions of the limited partners is \$ 750,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purpose of transacting business in Florida is \$ 750,000.00

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.

This 30 day of APRIL, 2002.

Janet Schlanger
General Partner

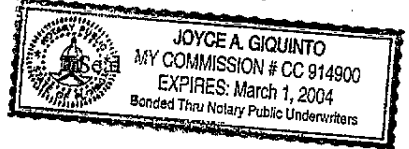
STATE OF FLORIDA
COUNTY OF SARASOTA

On this 30 day of APRIL, 2002,

JANET SCHLANGER, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

Joyce A. Giquinto
(Notary Public Signature)
JOYCE A. GIQUINTO
(Notary's Printed Name)



My Commission Expires: MARCH 1, 2004