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	RA Resignation	
	Dissolution / Withdrawal	-
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CERTIFICATE OF LIMITED PARTNERSHIP of THE ULLMAN FAMILY LIMITED PARTNERSHIP, LLL A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned General Partners, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) hereby states:

- 1. The name of the partnership is The Ullman Family Limited Partnership, LIPP.
- 2. The address of the office of the partnership is 1316 South Highland Park Drive Lake Wales, FL 33853.
- 3. The name and address of the agent for service of process is DAVID CIVILMAN, 1316 South Highland Park Drive, Lake Wales, FL 33853.
- 4. The names of the General Partners are DAVID C. ULLMAN and JUNE C ULLMAN, 1316 South Highland Park Drive, Lake Wales, FL 33853.
- 5. The mailing address of the partnership is 1316 South Highland Park Drive, Lake Wales, FL 33853
 - 6. The latest date upon which the partnership shall dissolve is December 31, 2030.

Execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

GENERAL PARTNERS

DAVID C. ULLMAN

STATE OF FLORIDA COUNTY OF POLK The foregoing instrument was acknowledged before me this _____, 2000, by DAVID C. ULLMAN, [X] who is personally known to me or as identification. produced NOTARY PUBLIC/State and County Aforesaid My commission expires: STATE OF FLORIDA COUNTY OF POLK The foregoing instrument was acknowledged before me this _____, 2000, by JUNE C. ULLMAN, [x] who is personally known to mesorg produced_ as identification. NOTARY PUBLIC/State and County Aforesaid My commission expires:

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

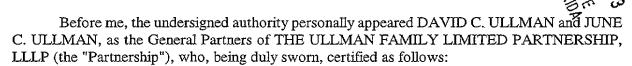
Having been named as the statutory registered agent for The Ullman Family Limited Partnership, LLLP, a Florida Limited Partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

DAVID C. ULLMAN

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

STATE OF FLORIDA COUNTY OF POLK



1. The amount of Capital Contributions to the Partnership made by the Limited Partners is, in the aggregate, \$23,760.00. At this time, it is not anticipated that additional Capital contributions will be made by the Limited Partners.

Under penalties of perjury, we declare that we have read the foregoing and the facts alleged are true to the best of our knowledge and belief. DATED this 6th day of ____ STATE OF FLORIDA COUNTY OF POLK I HEREBY CERTIFY that on this 6th of October , 2000, before me, an officer duly qualified to take acknowledgments, personally appeared DAVID C. ULLMAN and JUNE C. ULLMAN, as the General Partners of The Ullman Family Limited Partnership, LLLP [] who have produced ___ as identification or [x] who are personally known to me, who executed the foregoing instrument and acknowledged before me that they executed same, freely and voluntarily for the purposes therein expressed and who did not take an oath. Brenda J. Kavelak (print or type name) Notary Public, State of Florida at Large

My Commission Expires: