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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 524825 4326591

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : March 26, 2004

ORDER TIME : 10:59 AM

ORDER NO. : 524825-005

CUSTOMER NO: 4326591

CUSTOMER: E. Jackson Boggs, Esq
Fowler White Boggs Banker P.a.

Suite 1700
501 East Kennedy Boulevard
Tampa, FL 33602

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DOMESTIC FILING

NAME: URETTE FAMILY PARTNERSHIP, LTD.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP
URETTE FAMILY PARTNERSHIP, LTD.

FILED

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name**. The name of this limited Partnership shall be "Urette Family Partnership, Ltd."

2. **Registered Agent and Address**. The office and the name of the agent for service of process required to be maintained is as follows:

Michael E. Urette
532 Riviera Drive
Tampa, Florida 33606

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TALLAHASSEE, FLORIDA

3. **General Partner**. The name and business address of each general partner is:

Michael E. Urette
532 Riviera Drive
Tampa, Florida 33606

Karen G. Urette
532 Riviera Drive
Tampa, Florida 33606

4. **Mailing Address**. The principal office and mailing address of the limited partnership is:

532 Riviera Drive
Tampa, Florida 33606

5. **Termination Date**. The latest date upon which the limited partnership is to dissolve is December 31, 2054.

Michael E. Urette

Michael E. Urette, General Partner
and Registered Agent

Karen G. Urette, General Partner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 23RD day of MARCH, 2004, by MICHAEL E. URETTE, who is personally known to me or who has produced _____ as identification.

Anne Mansis

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

_____

Anne Mansis
MY COMMISSION # CC994775 EXPIRES
February 18, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 23RD day of MARCH, 2004, by KAREN G. URETTE, who is personally known to me or who has produced _____ as identification.

Anne Mansis

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

_____

Anne Mansis
MY COMMISSION # CC994775 EXPIRES
February 18, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

EJB\7630

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared MICHAEL E. URETTE and KAREN G. URETTE, known to me to be the general partners of URETTE FAMILY PARTNERSHIP, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is $1,960.00.

2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is $20,000,000.00.

Michael E. Urette, General Partner

Karen G. Urette, General Partner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 23RD of MARCH, 2004, by MICHAEL E. URETTE, who is personally known to me or who has produced _____ as identification.

Anne Mansis
MY COMMISSION # CC994775 EXPIRES
February 18, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Anne Mansis

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

_____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 23RD of MARCH, 2004, by KAREN G. URETTE, who is personally known to me or who has produced _____ as identification.

Anne Mansis
MY COMMISSION # CC994775 EXPIRES
February 18, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Anne Mansis

Print Name _____

"NOTARY PUBLIC"

My Commission Expires:

_____

EJB\7631