

A040000 @0608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

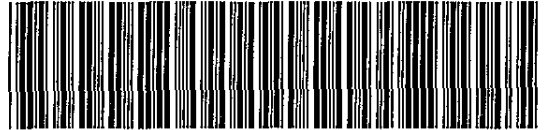
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*4/16/04  
just*



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04/12/04--01047--022    \*\*1837.50

**FILED**  
04 APR 12 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 11, 2004

Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Filing Certificate of Limited Partnership

Enclosed please find the documents necessary to file a Certificate of Limited Partnership with the State of Florida.

Enclosed also please find a check in the amount of \$1,837.50 which covers the following fees:

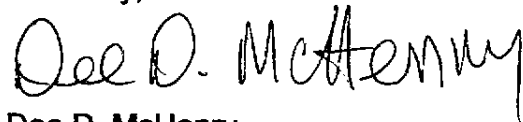
Filing Fee	\$1,750.00
Designation of Registered Agent	\$ 35.00
Request for Certified Copy	\$ 52.50

Should you have any questions, please contact me as follows:

Dee D. McHenry  
General Partner  
109 West Links  
Williamsburg, VA 23188  
Phone: 757-870-4517

Please use the same address when sending the acknowledgement.

Sincerely,



Dee D. McHenry

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP**

04 APR 12 AM 11:52  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- 1. SHADOWFARM LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
- 2. 109 WEST LINKS, WILLIAMSBURG, VA 23188  
(Business address of Limited Partnership)
- 3. KAREN A. DEACON  
(Name of Registered Agent for Service of Process)
- 4. 11820 60<sup>th</sup> ST. N, W. PALM BEACH, FL 33411  
(Florida street address for Registered Agent)
- 5. Karen A Deacon  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
- 6. 109 WEST LINKS, WILLIAMSBURG, VA 23188  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 1/29/2054

8. Name(s) of general partner(s): DEE D. McHENRY Street address: 109 WEST LINKS  
WILLIAMSBURG, VA 23188

*Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 30<sup>th</sup> day of January, 2004.

Signature of all general partners:

Dee D. McHenry General Partner \_\_\_\_\_ General Partner

\_\_\_\_\_ General Partner \_\_\_\_\_ General Partner

\_\_\_\_\_ General Partner \_\_\_\_\_ General Partner

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of SHADOWFA  
LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 512,375<sup>00</sup>.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 512,375<sup>00</sup>.

Signed this 30<sup>th</sup> day of January, 2004.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Dee D. McHenry  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner