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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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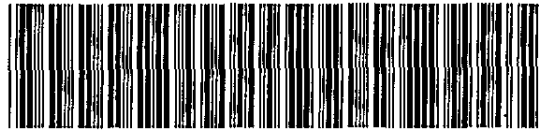
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Gator Hampton Partners, LLLP

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Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

Retrieval Request

- Photocopy
- Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

X Cert of LP

CERTIFICATE OF LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. GATOR HAMPTON PARTNERS, LLLP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1595 NE 163RD STREET, NORTH MIAMI BEACH, FLORIDA 33162
(Business address of Limited Partnership)

3. JAMES A. GOLDSMITH
(Name of Registered Agent for Service of Process)

4. 1595 NE 163RD STREET, NORTH MIAMI BEACH, FLORIDA 33162
(Florida street address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1595 NE 163RD STREET, NORTH MIAMI BEACH, FLORIDA 33162
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: Perpetual

8. Name(s) of general partner(s): _____ Street address: _____

Gator Hampton Investors, Inc.
PO BOX 00095678

1595 NE 163RD STREET
North Miami Beach, FL 33162

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 22nd day of June, 2004.

Signature of all general partners:

General Partner

General Partner

General Partner

Gator Hampton Investors, Inc.,
general partner
BY: _____
James A. Goldsmith, President

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
GATOR HAMPTON PARTNERS, LLLP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 22,500.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 22,500.00 .

Signed this 22nd day of June , 2004 .

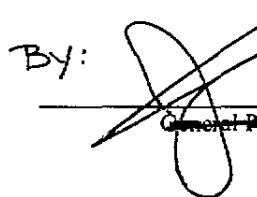
FURTHER AFFIANT SAYETH NOT.

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.

General Partner

General Partner

General Partner

By: Gator Hampton Investors, Inc.,
general partner

James A. Goldsmith
General Partner President

General Partner

General Partner