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(Requestor's Name)

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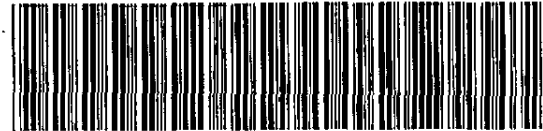
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PULLUM & PULLUM, P.A.
ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS
1330 W. CITIZENS BLVD.
LEESBURG, FLORIDA 34748

TELEPHONE (352) 728-3060

FAX (352) 728-0003

December 29, 2004

Corporate Records Bureau
Division of Limited Partnerships
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: ALEXANDER GOULARD, JR. FAMILY LIMITED PARTNERSHIP

Gentlemen:

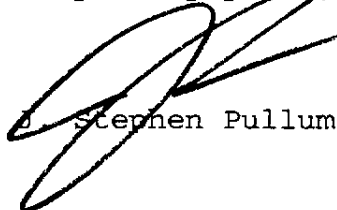
Find enclosed our firm's check in the amount of \$1,837.50 to cover the following fees of your office.

Filing Limited Partnership (Maximum Fee)	\$1,750.00
Certified Copy	52.50
Filing Resident Agent Form	35.00

We enclose original and one copy of Certificate of Limited Partnership of this proposed Limited Partnership, Affidavit of Capital Contributions and executed resident agent form. Please endorse your approval on the copy of the Certificate of Limited Partnership, certify same and return to us, together with acknowledgment of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,



J. Stephen Pullum

JSP/mel
Enclosures
(L:\Goulard\FLP Sec State Let.lhh)

CERTIFICATE OF LIMITED PARTNERSHIP
ALEXANDER GOULARD, JR.
FAMILY LIMITED PARTNERSHIP,
A LIMITED PARTNERSHIP

FILED
NOV 20 2004
ALLENDA

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. **NAME OF LIMITED PARTNERSHIP.** The name of the Limited Partnership is **ALEXANDER GOULARD, JR. FAMILY LIMITED PARTNERSHIP, a Limited Partnership.**

2. **OFFICE FOR MAINTENANCE OF BUSINESS RECORDS.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 1133 S.E. 14th Street, Ocala, Florida 34471-4525.

3. **AGENT FOR SERVICE OF PROCESS.** The name and address of the Partnership's agent for service of process in Florida is **ALEXANDER GOULARD, JR., 1133 S.E. 14th Street, Ocala, Florida 34471-4525.**

4. **GENERAL PARTNERS.** The name and business address of each General Partner in the Limited Partnership is as follows:


<u>Name</u>	<u>Address</u>
ALEXANDER GOULARD, JR.	1133 S.E. 14th Street Ocala, FL 34471-4525
PHILIP D. GOULARD	<u>1133 S.E. 14th Street</u> <u>Ocala, FL 34471-4525</u>

5. **ADDRESS OF PARTNERSHIP.** The mailing address of the Limited Partnership is 1133 S.E. 14th Street, Ocala, Florida 34471-4525.

6. **DATE OF DISSOLUTION.** The latest date on which the Limited Partnership is to dissolve is thirty (30) years from the effective date of this Limited Partnership.

Dated: 12-21-04
Ocala, Florida


ALEXANDER GOULARD, JR.


PHILIP D. GOULARD
"General Partners"

STATE OF FLORIDA
COUNTY OF MARION

FILED

The foregoing instrument was acknowledged before me this 21 day of Dec., 2004, by ALEXANDER GOULARD, JR., as General Partner. Said person did not take an oath and (check one) is personally known to me, _____ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or _____ produced other identification, to wit: _____.



Sherri L. Rayborne
My Commission DD0202918
Expires April 13, 2007

Sherri L. Rayborne
Printed Name: Sherri L. Rayborne
Notary Public State of Florida
Commission Number: DD0202918
My Commission Expires: 4/13/07

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 21 day of Dec., 2004, by PHILIP D. GOULARD, as General Partner. Said person did not take an oath and (check one) is personally known to me, _____ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or _____ produced other identification, to wit: _____.



Sherri L. Rayborne
My Commission DD0202918
Expires April 13, 2007

Sherri L. Rayborne
Printed Name: Sherri L. Rayborne
Notary Public State of Florida
Commission Number: DD0202918
My Commission Expires: 4/13/07

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of the ALEXANDER GOULARD, JR. FAMILY LIMITED PARTNERSHIP, a Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partner has made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
ALEXANDER GOULARD, JR., as Trustee of the ALEXANDER GOULARD, JR. LIVING TRUST AGREEMENT	\$ -0-

2. It is anticipated that the Limited Partner listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
ALEXANDER GOULARD, JR., as Trustee of the ALEXANDER GOULARD, JR. LIVING TRUST AGREEMENT	\$ <u>4,000,000.00</u>

Dated: 12-21-04
Ocala, Florida


ALEXANDER GOULARD, JR.


PHILIP D. GOULARD

"General Partners"


STATE OF FLORIDA
COUNTY OF MARION

FILED

The foregoing instrument was acknowledged before me this 21 day of Dec, 2004, by ALEXANDER GOULARD, JR., as General Partner. Said person did not take an oath and (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:

NOV 27 2004 11:00


Sherril L. Rayborne
Printed Name: Sherril L. Rayborne
Notary Public State of Florida
Commission Number: DD0202918
My Commission Expires: 4/13/07

 Sherril L. Rayborne
My Commission DD0202918
Expires April 13, 2007

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 21 day of Dec, 2004, by PHILIP D. GOULARD, as General Partner. Said person did not take an oath and (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:

Sherril L. Rayborne
Printed Name: Sherril L. Rayborne
Notary Public State of Florida
Commission Number: DD0202918
My Commission Expires: 4/13/07

 Sherril L. Rayborne
My Commission DD0202918
Expires April 13, 2007

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

12-21-04 10:00

IN COMPLIANCE WITH SECTION 48.061, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST-- THAT ALEXANDER GOULARD, JR. FAMILY LIMITED PARTNERSHIP, A LIMITED PARTNERSHIP DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF OCALA, STATE OF FLORIDA, HAS NAMED ALEXANDER GOULARD, JR. LOCATED AT 1133 S.E. 14TH STREET CITY OF OCALA, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Alexander Goulard Jr
(General Partner)

TITLE _____

DATE 12-21-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Alexander Goulard Jr
(Resident Agent)

DATE 12-21-04