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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone Fax Number : (407)650-1000

: (407)540-2699

FLORIDA/FOREIGN LP/LLP

JDS Capital, Ltd.

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CERTIFICATE OF LIMITED PARTNERSHIP

<u>OF</u>

JDS CAPITAL, LTD.

The undersigned, hereby makes, acknowledges and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

- NAME OF PARTNERSHIP. The name of the partnership shall be JDS
 CAPITAL, LTD.
- 2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 450 So. Orange Avenue, Orlando, Florida 32801, or at such other place or places as the General Partner shall from time to time determine.
 - NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PRO

Linda A. Scarcelli 450 So. Orange Avenue Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF EACH GENERAL PARTNE

JDS HOLDINGS, LLC 450 So. Orange Avenue Orlando, Florida 32801 L06-577

MAILING ADDRESS OF THE LIMITED PARTNERSHIP:

P. O. Box 4920 Orlando, Florida 32801-4920

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6. TERM. The partnership shall be dissolved on December 31, 2056 unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this /st day of May, 2006.

GENERAL PARTNER:

JDS HOLDINGS, LLC a Florida limited liability company

James M. Seneff, J.

Sole Member

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Linda A. Scarcelli, accepts her designation as Registered Agent for JDS CAPITAL, LTD. and the obligations imposed on her as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.