

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 203, Tallahassee, FL 32301 (904) 224-8870
 Mailing Address: Post Office Box 203, Tallahassee, FL 32302
 TELEPHONE: (904) 224-8872
 FAX: (904) 224-8872

A96000000878
 RE: Walker, B. Walker
Partnership

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C. FE	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
<input checked="" type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Cert. Copy(s)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File		
Name Reservation		
Annual Report/Financial Statement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		
SUBTOTALS		

200001824542
 -05/15/96--01054--003
 ***1837.50 ***1837.50

96 MAY -9 AM 11:30
 RECEIVED
 DIVISION OF CORPORATIONS

2 BK 5/9/96

C. TAX FILING	17.50.00
R. AGENT FEE	155.00
C. COPY	52.50
TOTAL	1827.50
V. BANK	
BALANCE DUE	
RECEIVED	

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	<i>[Signature]</i>		

WALK-IN *5/9 12:00*
 Will Pick Up

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

96 MAY -9 AM 10:34
 RECEIVED
 DIVISION OF CORPORATIONS

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP OF
INEZ B. WALKER FAMILY LIMITED PARTNERSHIP

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

(1) The name of the Partnership is "INEZ B. WALKER FAMILY LIMITED PARTNERSHIP."

(2) The address of the office of the Partnership is 1913 Bruton Boulevard, Orlando, Florida 32805.

(3) The name and address of the agent for service of process on the Partnership is Inez Bryant Walker, 1913 Bruton Boulevard, Orlando, Florida 32805.

(4) The name and business address of the sole General Partner is Inez Bryant Walker, 1913 Bruton Boulevard, Orlando, Florida 32805.

(5) The mailing address of the Partnership is 1913 Bruton Boulevard, Orlando, Florida 32805.

(6) The latest date upon which the Partnership shall dissolve is December 31, 2045.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Inez B. Walker Family Limited Partnership, this 2th day of May, 1996.

GENERAL PARTNER:

Inez Bryant Walker

Inez Bryant Walker
General Partner

SECRET
MAY 11 1996
STATE DEPARTMENT

STATE OF FLORIDA
COUNTY OF ORANGE

RECEIVED FILED STATE
COMMISSIONER OF CORPORATIONS
25 MAY -9 11:11 AM '96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Inez Bryant Walker, who is known to me and known by me, to be the person who executed the foregoing Certificate of Limited Partnership, or has produced General Release as identification, and she acknowledged to me and before me that she executed this Certificate as General Partner of Inez B. Walker Family Limited Partnership.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 8th day of May, 1996.



Notary Public
State of Florida

(SEAL)

My Commission Expires: _____

770\7747LTDP.CR2



DUANE KNOWLES
My Commission: CC520004
Expires Feb. 01, 2000

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for Inez B. Walker Family Limited Partnership, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I heroby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

Dated this 8th day of May, 1996.

REGISTERED AGENT:

Inez Bryant Walker
Inez Bryant Walker

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -9 AM 11:30

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Inez Bryant Walker, the sole general partner of Inez B. Walker Family Limited Partnership (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partner is, in the aggregate Two Hundred Ninety Seven Thousand and No/100 (\$297,000.00) Dollars.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Inez Bryant Walker
Inez Bryant Walker

Date: 5/8/96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Inez Bryant Walker, who is known to me and known by me, to be the person who executed the foregoing Affidavit of Capital Contributions, or has produced Duane Knowles as identification, and she acknowledged to me and before me that she executed this Affidavit as sole General Partner of Inez B. Walker Family Limited Partnership.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the State and County aforesaid, this 8th day of May, 1996.

Duane Knowles
Notary Public
State of Florida

(SEAL)

My Commission Expires:



DUANE KNOWLES
My Commission CC529894
Expires Feb 01 2000

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS
96 MAY -9 AM 11:30