1201 Hays Street
Tallahassee, FL 32301
800-342-8086

A95000001745

CSC network

ACCOUNT NO. : 072100000032

PRENTICE HALL LEGAL & FINANCIAL SERVICES

REFERENCE : 740442 5312A

AUTHORIZATION :

COST LIMIT : $ PREPAID

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 20 AM 9:40

ORDER DATE : November 18, 1995

ORDER TIME : 1:20 PM

ORDER NO. : 740442

CUSTOMER NO: 5312A

CUSTOMER: Olin G. Shivers, Esq
ANNIS MITCHELL COCKEY EDWARDS
& ROEHN, P.A.
P. O. Box 3433

Tampa, FL 33601

500001648225
-11/29/95--01018--016
***1837.50 ***1837.50

DOMESTIC FILING

NAME: DICKEY FAMILY, LTD.

C. TAX	
FILING	1750.00
R. AGENT FEE	35.00
C. COPY	52.50
TOTAL	1837.50
N. BANK	
BALANCE DUE	
REFUND	

___ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

RECEIVED
95 NOV 20 AM 9:15
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
___ PLAIN STAMPED COPY
___ CERTIFICATE OF GOOD STANDING

11/20/95

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

MK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 20 PM 4:40

CERTIFICATE OF LIMITED PARTNERSHIP OF DICKEY FAMILY, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Limited Partnership.** The name of the Limited Partnership shall be the DICKEY FAMILY, LTD.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Section 620.106, Florida Statutes, shall be located at 4928 Andros Drive, Tampa, Florida 33629, and the name of the Limited Partnership's agent for service of process at said address is Stephen F. Dickey.

3. **Name and Business Address of the General Partner.**

(a) The name and address of the General Partner are as follows:

Name	Address
Stephen F. Dickey	4928 Andros Drive Tampa, Florida 33629

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 4928 Andros Drive, Tampa, Florida 33629.

5. **Term.** The term for which the Limited Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the DICKEY FAMILY, LTD.

Dated this 10th day of OCT., 1995.

GENERAL PARTNER:

Stephen F. Dickey

STEPHEN F. DICKEY

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 15 day of October, 1995, by STEPHEN F. DICKEY, who is personally known to me or who has produced _____ as identification.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 AM 9:40

Rosie M. Watson
NOTARY PUBLIC
Name: Rosie WATSON
Serial No. CC488312
My Commission Expires: 8-14-99

OFFICIAL NOTARY SEAL
ROSIE M WATSON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC488312
MY COMMISSION EXP. AUG. 14 1999

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, 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.

Stephen F. Dickey
STEPHEN F. DICKEY

1147-006-0254751.01

AFFIDAVIT OF CAPITAL CONTRIBUTION

FILED
SECRETARY OF STATE
CORPORATIONS
95 OCT 20 AM 9:40

I, STEPHEN F. DICKEY, the general partner of the DICKEY FAMILY, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The limited partners have contributed $ 974,408.00 of capital to the Partnership.

2. It is anticipated that no additional contributions shall be contributed by the limited partners in the future.

Dated this 10th day of OCT., 1995.

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.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

Stephen F. Dickey

STEPHEN F. DICKEY

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 10th day of October, 1995, by STEPHEN F. DICKEY, as General Partner of the DICKEY FAMILY, LTD., a Florida limited partnership, on behalf of the limited partnership. He is personally known to me or produced _____ as identification.

Rosie M. Watson

NOTARY PUBLIC
Name: Rosie Watson
Serial No. CC488312
My Commission expires: 8-14-99

OFFICIAL NOTARY SEAL
ROSIE M WATSON
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC488312
MY COMMISSION EXP. AUG. 14,1999

1147-006-0254751.01

LIMITED PARTNERSHIP ANNUAL REPORT

A95000001745

FILED
95 DEC 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

DICKEY FAMILY, LTD.

1a. DOCUMENT # A95000001745

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

4928 Andros Drive
Tampa, Florida 33629

Principal Office Address

same

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

000001672630
-12/28/95--01031--005
****576.25 ****576.25

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
11/20/95	n/a	Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$974,408.00	$974,408.00	59-3347656	Applied For / Not Applicable	[redacted]

8. **FEES:** 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

Stephen F. Dickey
4928 Andros Drive
Tampa, Florida 33629

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Stephen F. Dickey	4928 Andros Drive	Tampa, FL 33629 AR - $437.50 SF - $138.75 12/27/95	n/a

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: Stephen F. Dickey DATE: 12/30/95

Typed or Printed Name of General Partner Signing Form: STEPHEN F. DICKEY Telephone Number: 813/289-8014

CR2E003 (6/95)

A95000001745

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 783820 5312A

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : December 27, 1995

ORDER TIME : 10:02 AM

ORDER NO. : 783820

CUSTOMER NO: 5312A

CUSTOMER: Olin G. Shivers, Esq
Annis Mitchell Cockey Edwards
P. O. Box 3433

Tampa, FL 33601

FILED
95 DEC 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

RECEIVED
95 DEC 27 PM 12:17
DIVISION OF CORPORATION

NAME: DICKEY FAMILY, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

12/27/95a

CONTACT PERSON: Clint D. Fuhrman

EXAMINER'S INITIALS: _ ____