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TAX LAW OFFICES

STEVEN M. CHAMBERLAIN, P. L.

618 NE FIRST STREET

GAINESVILLE, FLORIDA (ZIP 32601-5305)

TELEPHONE (352) 375-8540

FAX (352) 375-8554

EMAIL taxguy@gator.net

August 15, 2000

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

300003045063--6

-11/16/99-01024-002

*****87.50 *****87.50

re: Eloise C. Turner, Ltd.

Dear Sir or Madam:

Enclosed please find (i) Certificate of Limited Partnership, (ii) Acceptance of Obligations as Registered Agent, (iii) Affidavit as to Contributions, (iv) Application for Registration of Fictitious Name, (v) a check in the amount of \$50 made out in favor of the Secretary of State and your letter to me dated November 18, 1999. I believe you are holding my \$87.50 check. Please file the enclosed in your usual manner. If there is a problem, please feel free to call me.

Sincerely yours,



Steven M. Chamberlain

Enclosures

c: Orian Wells, CPA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT -4 AM 11:02

APPROVED
AND
FILED

JB
10-4-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 18, 1999

STEVEN M. CHAMBERLAIN
STEVEN M. CHAMBERLAIN, P.L.
618 NE FIRST STREET
GAINESVILLE, FL 32601-5305

SUBJECT: ELOISE C. TURNER, LTD.
Ref. Number: W99000026558

We have received your document for ELOISE C. TURNER, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 799A00055344

APPROVED
AND
FILED
00 OCT -4 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ELOISE C. TURNER, LTD.**

1. The name of the limited partnership is ELOISE C. TURNER, LTD.

2. The address of the office at which the records required by Florida Statutes section 620.106 will be kept and the name of the agent for service of process, whose address is the same as that of the office, all as required by Florida Statutes section 620.105, are as follows:

Orian Wells
1410 NW 13th Street, Suite 6
Gainesville, FL 32601

3. The name and business address of the sole general partner and the mailing address of the limited partnership is as follows:

Eloise C. Turner Trust *600273900032*
c/o Orian Wells
1410 NW 13th Street, Suite 6
Gainesville, FL 32601

4. The latest date upon which the partnership is to dissolve is December 31, 2070.

GENERAL PARTNER:

Eloise C. Turner Trust

by: *Eloise C Turner*
Eloise C. Turner, Trustee

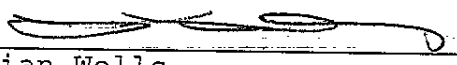
July 27, 1999

00 OCT -4 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ACCEPTANCE OF OBLIGATIONS
AS REGISTERED AGENT FOR
ELOISE C. TURNER, LTD.

By my signature below I hereby accept the duties as registered agent of ELOISE C. TURNER, LTD. acknowledge that my address for service of process is 1410 NW 13th Street, Suite 6, Gainesville, Florida 32601, and acknowledge that I am familiar with the duties of a registered agent.


Orian Wells

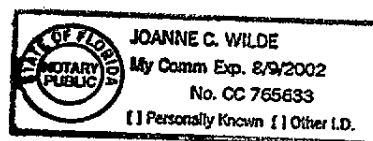
August 12th, 1999

STATE OF FLORIDA
COUNTY OF ALACHUA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared ORIAN WELLS, who is personally known to me or who has produced a Florida drivers license as identification and who did not take an oath and acknowledged that he executed the above document.

WITNESS my hand and official seal in the County and State aforesaid this 12th day of August, 1999.

Joanne C. Wilde
NOTARY PUBLIC
State of Florida at Large



00 OCT -6 AM 11:02
RECEIVED
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

AFFIDAVIT AS TO CONTRIBUTIONS

Being duly sworn, I hereby state that the following is true:

1. My name is Eloise C. Turner.

2. I am the Trustee of the Eloise C. Turner Trust, which is the sole general partner of Eloise C. Turner, Ltd., a Florida limited partnership.

3. I hereby declare that the amount of capital contributions of the limited partners and the amount anticipated to be contributed to such partnership by the limited partners is \$6,000.

Eloise C. Turner
Eloise C. Turner, individually and
as Trustee of the Eloise C. Turner
Trust, sole general partner of
Eloise C. Turner, Ltd.

July 27, 1999

STATE OF FLORIDA

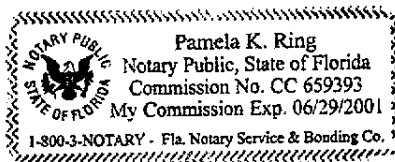
COUNTY OF ~~ALACHUA~~ Columbia

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Eloise C. Turner, who is personally known to me or who has produced a Florida drivers license as identification and who did not take an oath and acknowledged that he executed the above document.

WITNESS my hand and official seal in the County and State aforesaid this 27 day of July, 1999.

Pamela K. Ring
NOTARY PUBLIC

State of Florida at Large



SEPTEMBER 1, 1999
TALLAHASSEE, FLORIDA

00 OCT -4 AM 11:02

APPROVED
FILED