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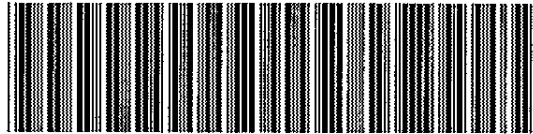
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12/13/06--01025--007 **1052.50

FILED RECEIVED

06 DEC 13 AM 9:45 06 DEC 13 AM 11:20

STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE FIRST
DEC 13 AM 9:45
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 12/13/06

REF. #: 000174.61331

CORP. NAME: SANDERS FAMILY PARTNERSHIP, LTD

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 519416 FOR \$ 1052.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

SANDERS FAMILY PARTNERSHIP, LTD.,
a Florida limited partnership

FILED
06 DEC 13 AM 9:45
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The undersigned general partners desiring to form a limited partnership ("Partnership") pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

SANDERS FAMILY PARTNERSHIP, LTD.

2. The mailing address of the Partnership is:

1617 Bayhouse Court, #121
Sarasota, Florida 34231

3. The principal office address of the Partnership is:

1617 Bayhouse Court, #121
Sarasota, Florida 34231

4. The name and address of the registered agent of the Partnership is:

R. David Sanders
1617 Bayhouse Court, #121
Sarasota, Florida 34231

5. The names and addresses of the general partners of the Partnership are:

R. David Sanders, as Trustee of the Ross David Sanders
Revocable Trust under Agreement dated April 6, 1990, as amended
1617 Bayhouse Court, #121
Sarasota, Florida 34231

Kate W. Sanders
11985 Southern Boulevard, #177
Royal Palm Beach, FL 33411

6. The Partnership shall have a perpetual existence, except as otherwise provided by law or in accordance with the Limited Partnership Agreement.

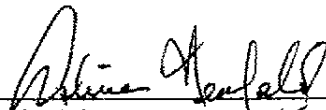
7. The effective date of this Partnership shall be the effective date of the filing of this Certificate of Limited Partnership with the Department of State.

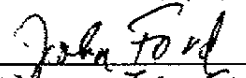
The execution of this Certificate of Limited Partnership by the undersigned general partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the undersigned general partners of SANDERS FAMILY PARTNERSHIP, LTD., a Florida limited partnership, this 11 day of Dec., 2006.

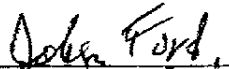
WITNESSES:

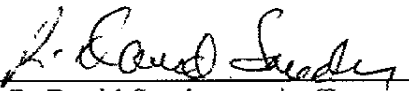
Ross David Sanders Revocable Trust under Agreement dated April 6, 1990, as amended

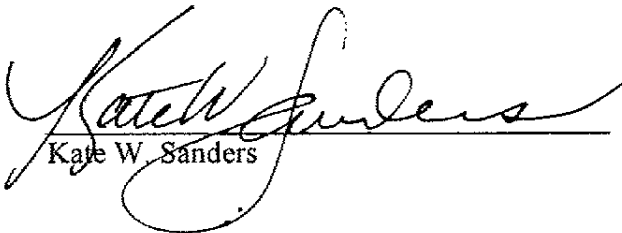

Print Name: ARLINE NEWFELD


Print Name: John Ford


Print Name: ARLINE NEWFELD


Print Name: John Ford

By: 
R. David Sanders, as its Trustee


Kate W. Sanders

"GENERAL PARTNERS"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

SANDERS FAMILY PARTNERSHIP, LTD.,
a Florida limited partnership

Having been named to accept service of process for SANDERS FAMILY PARTNERSHIP, LTD., a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership, 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, and I accept the duties and obligations of Section 620.192 of the Florida Statutes

Date: 11/7/06

R. David Sanders
R. David Sanders

"REGISTERED AGENT"